

**PRO TECH AUTOMOTIVE AND TIRE CENTER, INC.**  
205 Willow Street, Waltham, MA 02453  
781-894-5058 - Phone  
781-894-2991- Fax

**APPLICATION FOR CREDIT: (PLEASE PRINT OR TYPE)**

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

Billing address if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please circle one: Proprietorship Partnership Corporation

**Owners, Partners and Corporate Officers:**

1) Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Title: \_\_\_\_\_

2) Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Corporations: Federal Tax ID Number: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_ Estimated Monthly Credit: \_\_\_\_\_

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CREDIT APPLICATION

ACCOUNT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ANNUAL SALES: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

PRINCIPALS:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

BANK REFERENCES:

BANK NAME: \_\_\_\_\_ BANK ADDRESS: \_\_\_\_\_

BANK TELEPHONE #: \_\_\_\_\_ ACCOUNT REP: \_\_\_\_\_

CHECKING A/C : \_\_\_\_\_ SAVINGS A/C: \_\_\_\_\_

TRADE REFERENCES:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

YEARS DOING BUSINESS: \_\_\_\_\_ ANNUAL PURCHASES: \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

YEARS DOING BUSINESS: \_\_\_\_\_ ANNUAL PURCHASES: \_\_\_\_\_

## AGREEMENT

I hereby certify that all statements accompanying and contained in this application are true and made for the purposes of obtaining credit and in consideration of Pro Tech Automotive & Tire Center, Inc., selling to me or my agent(s), I agree to the following terms:

- (1) To pay the account in full by 30 days.
- (2) To pay service charge or late payment, computed at an annual rate of 18 percent.
- (3) If this account is placed for collection, I agree to pay all reasonable charges for collection, including attorney's fees. I further agree that a charge of 25 percent of the claim shall be considered reasonable as an attorney's fee and 30 percent of the claim shall be reasonable as a collection fee.
- (4) The undersigned authorize any credit investigation needed for action on this credit application and hereby indemnify Pro Tech Auto & Tire Center from any liability from their credit survey. It is also acknowledged and agreed that accounts receivable information may be reported by Pro Tech Auto & Tire Center, to various consumer and commercial credit agencies.

Executed as a Sealed Instrument

Account Name \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

### Personal Guaranty

In consideration of the extension of credit by Pro Tech Automotive & Tire Center, Inc.

I \_\_\_\_\_  
(hereinafter referred to as "The Customer"), and for other valuable consideration, the undersigned hereby agrees to pay all sums of money now due and hereafter, to become due from the Customer, including without limiting the generality of the foregoing, legal and other costs of attempts to collect said sum from Customer and the undersigned, and lawful interest on said sum.

The liability of the undersigned shall be primary, and if more than one person or entity signs this agreement, shall be joint and several, and shall not be affected by any discharge, extension of time, release of security, acceptance of compromise or any other modification of the liability of the Customer, and shall not be dependent upon recourse to any remedies against the Customer, notice of the time and amount of extension of credit to the Customer, as well as rights of set-off, redemption and counterclaim which may be alleged to exist in favor of Customer.

This agreement is intended to cover a running account or accounts by the Customer and will remain in full force and effect until 14 days after withdrawal by writing sent by registered mail, return receipt requested and received at the above address and effect with respect to all sums of money that are due and that become due from Customer as a result of transaction through and including the date 14 days after said withdrawal is received. No rights against the undersigned are waived by failure to exercise rights against the Customer upon his default. The undersigned hereby agrees to pay any and all of said sums, together with all legal and other costs including attorney's fees of enforcing this agreement contained herein both as against the customer and the undersigned.

This is a binding contract and shall be interpreted under the Laws of the same.

Witness my/our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(individually)

\_\_\_\_\_  
(individually)

\_\_\_\_\_  
(individually)

Use no titles when signing  
e.g President, Trustee, etc.