



Request for Credit and Open Account

DATE

The undersigned request Scott Sherman Auto Care to extend credit to:

EXACT LEGAL NAME OF COMPANY

D.B.A. (Do not complete if doing business under legal name) FED ID# _____

BUSINESS ADDRESS CITY STATE ZIP CODE

() ()
BUSINESS PHONE PAGER/CELL

()
COMPANY CONTACT NAME COMPANY CONTACT PHONE

BANK REFERENCES:

1. _____
NAME BRANCH

()
CONTACT NAME CONTACT PHONE

ACCOUNT TYPE ACCOUNT NUMBER ACCOUNT TYPE ACCOUNT NUMBER

2. _____
NAME BRANCH

()
CONTACT NAME CONTACT PHONE

ACCOUNT TYPE ACCOUNT NUMBER ACCOUNT TYPE ACCOUNT NUMBER

TRADE REFERENCES (3 REQUIRED):

1. _____ ()
NAME PHONE NUMBER

ADDRESS CITY STATE ZIP CODE

CONTACT PERSON TYPE OF ACCOUNT

2. _____ ()
NAME PHONE NUMBER

ADDRESS CITY STATE ZIP CODE

CONTACT PERSON TYPE OF ACCOUNT

3. _____ ()
NAME PHONE NUMBER

ADDRESS CITY STATE ZIP CODE

CONTACT PERSON TYPE OF ACCOUNT

NAME OF OWNERS, PARTNERS AND/OR CORPORATE OFFICERS:

1. _____
NAME TITLE

() - -
HOME PHONE SOCIAL SECURITY #

HOME ADDRESS CITY STATE ZIP CODE

2. _____
NAME TITLE

() - -
HOME PHONE SOCIAL SECURITY #

HOME ADDRESS CITY STATE ZIP CODE

NAME OF OWNERS, PARTNERS AND/OR CORPORATE OFFICERS (CONT'D):

3. _____
 NAME TITLE
 () - -
 HOME PHONE SOCIAL SECURITY #

 HOME ADDRESS CITY STATE ZIP CODE

4. _____
 NAME TITLE
 () - -
 HOME PHONE SOCIAL SECURITY #

 HOME ADDRESS CITY STATE ZIP CODE

Guarantor does hereby agree to pay in full any and all signed invoices within 60 days of invoice. Guarantor does hereby authorize Scott Sherman Auto Care to conduct such credit investigations as it deems appropriate, including, without limitation, making inquiry of the references listed on this page I, and all credit reporting agencies to provide any information requested by Scott Sherman Auto Care. In consideration of Scott Sherman Auto Care agreeing to sell service and merchandise and/or otherwise extend credit to purchaser (as defined previously), the undersigned jointly and severally do hereby personally guarantee payment to Scott Sherman Auto Care without prior notice or demand of all amounts now or hereafter owed to Scott Sherman Auto Care by purchaser from time to time (including service and other charges and interest), including all renewals and extensions of credit granted and regardless of the surrender of security, if any. Furthermore, the undersigned jointly and severally agree to reimburse Scott Sherman Auto Care on demand for all costs of collection and attorneys' fees in the event that the purchaser does not timely pay Scott Sherman Auto Care all amounts owed by purchaser to Scott Sherman Auto Care.

 GUARANTOR SIGNATURE PRINT NAME DATE

 GUARANTOR SIGNATURE PRINT NAME DATE

DO NOT WRITE IN THIS SPACE. OFFICE USE ONLY.

CREDIT REQUEST RECEIVED BY:

 SCOTT SHERMAN AUTO CARE RESPONSIVE ONLY DATE

CREDIT REQUEST APPROVED BY:

 SCOTT SHERMAN AUTO CARE RESPONSIVE ONLY DATE