



Dear Applicant,

Lane Automotive/Motor State Distributing would like to thank you for contacting us. We are pleased that you have chosen us to be your performance warehouse, and we are looking forward to providing you with the finest quality products and service.

In order to promptly process your account, we ask that you take a few moments to completely fill out and sign this application if you wish to acquire C.O.D. Check Approval or Open Account Terms. The application constitutes a contract between you and Lane Automotive and your signature indicates that you agree with the terms contained therein.

It is extremely important that the form is completely filled out. We conduct our credit inquiries through credit bureaus, via mail or fax, so please be sure to include all mailing addresses, phone numbers and fax numbers for your references. It is impossible for us to process an incomplete application.

When the application is completely filled out, return it to us by mail. Remember, this is a legal contract; therefore, the contract with original signatures is required before any changes regarding payment terms can be applied to your account.

Thank you for your cooperation, and if you should have any questions, please feel free to call me at (269) 463-0214.

Sincerely,

Carol Spoerl

Carol Spoerl
Credit Manager

Credit Application



Information provided will be relied upon for the determination of establishing your credit status with Lane Automotive/Motor State Distributing. Please use dark ink only.

Business Name _____

Phone _____ Fax _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address (if different) _____

City _____ State _____ Zip _____

Applicant is a (mark one):

Corporation, Date: _____ LLC, Date: _____ Partnership, No. Of Yrs: _____ Sole Proprietorship, No. Of Yrs: _____

Number Of Employees _____ Anticipated Yearly Sales _____ Federal Tax I.D. No. _____

Financial Statements Available / Attached

Terms Requested: Open Terms - Credit Line Per Month \$ _____ -OR- C.O.D. Acceptance of Co. Check

Name(s) Of Principal(s), Title(s) And Social Security Number(s)

1. Name _____ Title _____ SSN _____

2. Name _____ Title _____ SSN _____

3. Name _____ Title _____ SSN _____

P.O. Required? Yes No

Authorized Buyer _____ E-mail _____

Accounts Payable _____ E-mail _____

Invoice copies will be E-mailed. Please provide the appropriate e-mail address(s): _____

A packing slip will be included with your package.

Business References

Bank References:

1. Name _____ Phone _____ Fax (Required) _____

Account Number _____ Account Number _____ Account Number _____

Vendor References:

1. Name _____ Phone _____ Fax (Required) _____

2. Name _____ Phone _____ Fax (Required) _____

3. Name _____ Phone _____ Fax (Required) _____

4. Name _____ Phone _____ Fax (Required) _____

5. Name _____ Phone _____ Fax (Required) _____

I (we) have completed this application to obtain acceptance of company check and/or credit, and certify that all statements contained thereof are true and correct. I (we) agree that credit inquires may be made by contacting references or the credit bureau and authorize the release of such information to you. I (we) understand and agree that any credit granted shall be paid promptly in accordance with credit grantor terms and agreements. TERMS: Net Due By the Tenth. All accounts are totaled and statements produced on the twenty-sixth of each month, goods purchased on or before the twenty-fifth are due the following tenth. I (we) also understand and agree that credit grantor may add legal rate of interest per month to any balance not paid in accordance with said terms and agreements. I (we) also agree, in the event of default, to pay reasonable collection charges, attorney fees, NSF fees, and court costs where applicable. **I/We have read and fully understand the above.**

Date _____ Name Of Business Owner (Printed) _____

Name Of Business Owner (Signature)

Original Signature (hand written) Is Required. Please Type Your Info, Print Out, Sign and Date. Then Mail to us using information below. You may fax the form to us, but **we must have the original for completion.**



Personal Guaranty

Date_____

In consideration of the extension of credit to (business name _____ (hereinafter called "Purchaser") by Lane Automotive Inc./DBA Motor State Distributing (hereinafter called "Seller") and/or of other good and valuable considerations, receipt of which is hereby acknowledged, I/we jointly and severally guarantee the payment to Seller of Purchaser's indebtedness to Seller. The word "indebtedness" means the sum of Purchaser's obligations unpaid and owing to Seller, namely, amounts presently owed, amounts due for present and future purchases (whether or not shipped, or shipped and returned), amounts due as damages for breach of obligation arising from orders for or agreements to purchase merchandise, including interest according to express agreement or as provided by law, any Notes given by purchaser for any of the foregoing, and expenses of collecting said obligations.

This guaranty is a continuing guaranty of payment and shall inure to the benefit of Seller from the date hereof without notice of acceptance and shall remain in full force and effect until written notice of termination thereof has been received by Seller at 8300 Lane Drive, Watervliet, MI 49098, or such other address as Seller may hereafter designate in writing.

I/we jointly and severally agree to pay the Purchaser's said indebtedness when due, without the necessity of any action or proceeding. Sellers books and records showing the account between Seller and the Purchaser shall be admissible in any action or proceeding to collect said indebtedness and shall constitute Prima facie proof of the items therein set forth.

I/we agree and consent that Seller may make any agreement or arrangement whatsoever with Purchaser, Including but not limited to, extension of time for payment, compromise or discharge of the whole or any part of the said indebtedness and release of any or all security without impairing the liability of the undersigned hereunder, which liability may be discharged only by the payment in full of said indebtedness. I/we hereby waive any notice of acceptance, nonpayment, demand or the like. This guaranty of payment shall inure to the benefit of Seller and its successors and assigns and shall be binding upon the executors, administrators, heirs, distributees, beneficiaries and assigns of the undersigned.

Name Of Guarantor (Business Owner) Signature Of Guarantor Date

Guarantor's Home **STREET Address** (No P.O. Box) City State Zip

Name Witness Signature Of Witness Date

Name Of Guarantor (Business Owner) Signature Of Guarantor Date

Guarantor's Home **STREET Address** (No P.O. Box) City State Zip

Name Witness Signature Of Witness Date

Original Signatures (hand written) Are Required. Please Type Your Info, Print Out, Sign and Date. Then Mail to us using information below. You may fax the form to us, but **we must have the original for completion.**