



REMIT TO: 1549 Campbell Street
P.O. Box 3456
Toledo, OH 43607

Phone: 419-724-8515
Fax: 419-724-8474

A delinquency charge of 2% per month or 24% per annum will be charged on all delinquent accounts. The charge will be computed according to the account's delinquent balance and automatically added to the monthly statement.		
Discount Code		Salesman Number
Terms:		Net Due 10th EOM.
Discounts: Applicable discounts will be reflected on invoices		

COMMERCIAL CREDIT APPLICATION

Account Name:	Date of Application:
Division of (if applicable):	Tax I.D. or Social Security #:
Address:	City/State/Zip:
Billing Address (if different from above):	City/State/Zip:
Phone (include area code):	Fax (include area code):

Please attach tax exempt certificate or fill in your tax exempt number; otherwise, all purchases will be charged applicable sales tax.

Tax Exempt: YES () NO ()	If Yes, Tax ID #:	Use P.O. # YES () NO ()	Credit Limit Requested:
WHOLESALE: YES () NO ()	Number of Cars _____	Number of Pick-Ups/Vans _____	Number of Large Trucks/Trailers _____

Trade Credit Reference #01:	Trade Credit Reference #02:	Bank Reference
Name	Name	Bank Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
Phone Number (include area code)	Phone Number (include area code)	Phone Number (include area code)
Fax Number (include area code)	Fax Number (include area code)	Fax Number (include area code)
Account No.	Account No.	Type of Account & Account No.
Contact	Contact	Bank Officer

AUTHORIZED PURCHASERS: Please list all individuals authorized to make purchases (if necessary list additional signers on reverse). The applicant assumes responsibility for informing Tireman Auto Service Centers in writing as to any additions and/or deletions from the list below in the future. ABSOLUTELY NO PERSON OUTSIDE THIS LIST WILL BE PERMITTED TO SIGN A CREDIT TRANSACTION FOR THIS ACCOUNT.

1.) _____	4.) _____	7.) _____
2.) _____	5.) _____	8.) _____
3.) _____	6.) _____	9.) _____

Please attach your most recent annual financial statement along with completing the following information

Total Assets: _____	Has account/account's principals ever filed bankruptcy? YES () NO ()
Total Liabilities: _____	If yes, indicate date filed: _____
Annual Sales: _____	Where filed: _____

Preferred Tireman Location:

() 532 Illinois Avenue MAUMEE, OH	() 5022 Monroe Street TOLEDO, OH	() 999 South Main Street BOWLING GREEN, OH
() 3775 Williston Road NORTHWOOD, OH	() 2779 West Central Ave TOLEDO, OH	() 25998 N. Dixie Hwy PERRYSBURG OH <i>New Location!</i>
() 5832 Monroe Street SYLVANIA, OH	() 7171 Orchard Centre Dr HOLLAND, OH	() 701 North Euclid BAY CITY, MI <i>Millar's Tireman</i>
() 222 West Alexis Road TOLEDO, OH	() 750 South Reynolds Rd TOLEDO, OH	() 1986 North Telegraph Rd MONROE, MI <i>Joe Lake Tireman</i>

Credit limits will be terminated for accounts not active for two (2) consecutive years. Further, failure to pay any invoice when due may result, at Tireman Auto Service Centers sole discretion, in the termination of this agreement with any and all monies

Any instruments tendered to Tireman Auto Service Centers in full satisfaction of any debt, including disputed debts, shall be sent to:
Tireman Auto Service Centers, Attn: Accounts Receivable, P.O. Box 3456, Toledo, OH 43607

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION GIVEN ON THE APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE. ALSO, THE UNDERSIGNED CERTIFIES THAT THE CREDIT WILL BE USED FOR COMMERCIAL PURPOSES ONLY, AND NOT FOR PRIVATE, INDIVIDUAL PURCHASES. AS A REPRESENTATIVE OF THE SO STATED COMPANY ON THIS APPLICATION, I/WE ACCEPT THE DELINQUENCY CHARGES AND THE TERMS GIVEN, AND FURTHER AGREE TO PAY ANY AND ALL COSTS OF COLLECTION, INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY FEES, COURTS COSTS, AND OTHER ASSOCIATED EXPENSES. FURTHER, IF CREDIT IS EXTENDED TO THE UNDERSIGNED, THE UNDERSIGNED MAY BE REQUIRED TO PERIODICALLY FURNISH TO TIREMAN AUTO SERVICE CENTER CURRENT FINANCIAL STATEMENTS WHICH ARE IN REASONABLE DETAIL AND CERTIFIED AS TRUE AND CORRECT ON THE DATE SUBMITTED BY THE UNDERSIGNED.

As a representative of the company so stated on the application, I/we authorize the release of all relevant credit information

SIGNATURE: _____ <div style="text-align: center; font-size: small;">Authorized Signature</div>	_____ <div style="text-align: center; font-size: small;">Date</div>
_____ <div style="text-align: center; font-size: small;">Printed Name of Authorized Signature</div>	_____ <div style="text-align: center; font-size: small;">Title</div>

Please put any special notes on the back of this form.