

SUPERIOR DIESEL, INC.
P.O. Box 63365
N. Charleston, SC 29419-3365
Phone: 843-553-8331
Fax: 843-553-7536

CONFIDENTIAL CREDIT APPLICATION

NAME _____
(Full Legal Name of Applicant)

BILLING ADDRESS: _____ SHIPPING ADDRESS: _____
(Street or PO Box) (Must be Street Address – No PO Box)

(Address Line 2) (Address Line 2)

(City/State/Zip/County) (City/State/Zip/County)

TYPE OF BUSINESS ENTITY: CORPORATION: PARTNERSHIP: PROPRIETORSHIP: INDIVIDUAL:
FEDERAL ID NUMBER: _____ OR SOCIAL SECURITY NUMBER: _____

NAME(S) OF PRESIDENT/OWNER/PARTNERS: _____

TYPE OF BUSINESS: _____ NO. OF YEARS IN BUSINESS: _____
EXPECTED PURCHASES: MONTHLY \$ _____ ANNUALLY \$ _____ CREDIT LIMIT REQUESTED: \$ _____
PURCHASE ORDER REQUIRED: YES _____ NO _____ EXEMPT FROM S.C. SALES TAX: YES _____ NO _____

EXEMPTION CERTIFICATE NO.: _____
Please provide copy of exemption certificate

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: _____
PHONE: _____ FAX: _____

BUSINESS REFERENCES WHERE CREDIT IS CURRENTLY BEING EXTENDED:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____

BANK INFORMATION

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
ACCOUNT NO.: _____	ACCOUNT NO.: _____

FINANCIAL INFORMATION

PLEASE ATTACH CURRENT FINANCIAL INFORMATION:
MOST RECENT BALANCE SHEET: AUDITED: YES _____ NO _____ OTHER: _____
MOST RECENT P&L STATEMENT: AUDITED: YES _____ NO _____

CREDIT POLICY & TERMS

ALL INVOICES ARE DUE NET ON THE FIFTEENTH DAY OF THE MONTH FOLLOWING THE DATE OF THE INVOICE. A LATE CHARGE OF ONE AND ON HALF PERCENT (1 ½ %), WHICH IS ANNUAL RATE OF 18%. LATE CHARGES WILL BE ADDED TO THE MONTHLY STATEMENT. STATEMENTS ARE RENDERED AS OF THE LAST DAY IN A MONTH. C.O.D RESTRICTIONS MAY BE PLACED ON ANY PAST-DUE ACCOUNT. WRITTEN AUTHORIZATION IS REQUIRED PRIOR TO MERCHANDISE RETURN. RETURNED MERCHANDISE IS SUBJECT TO A RESTOCKING FEE OF NOT LESS THAN 15%.

AGREEMENT TO TERMS

I UNDERSTAND THAT THE INFORMATION FURNISHED TO YOU ON THIS APPLICATION FOR CREDIT IS FOR THE SOLE PURPOSE OF OBTAINING CREDIT FROM SUPERIOR DIESEL, INC.; THAT I AM AUTHORIZED IN MY CAPACITY TO BIND MY FIRM ACCORDINGLY; THAT ACCOUNTS OR MONEYS DO YOU SHALL BE DUE AND PAYABLE AS INDICATED ON INVOICES AND STATEMENTS; AND THAT ALL SUMS UNPAID AFTER THE DUE DATE WILL BEAR INTEREST AT 1 ½% PER MONTH. ANYTHING HEREIN NOTWITHSTANDING INTEREST, WILL IN NO EVENT ACCRUE AT A HIGHER RATE THAN THE MAXIMUM RATE ALLOWED BY LAW. I FURTHER UNDERSTAND THAT IN THE EVENT SUPERIOR DIESEL INC. IS REQUIRED TO HIRE AN ATTORNEY OR COMMERCIAL COLLECTION AGENCY TO COLLECT ANY SUM DUE FROM MY FIRM, MY FIRM SHALL PAY ALL REASONABLE ATTORNEY/COLLCTION FEES IN ADDITION TO ALL SUMS DUE. I FURTHER AFFIRM THAT THE INFORMATION CONTAINED ON THIS APPLICATION FOR CREDIT IS TRUE AND ACCURATE TO THE BEST OF MY PERSONAL KNOWLEDGE.

_____ Name (signature)	_____ Title
_____ Name (print or type)	_____ Date

PERSONAL GUARANTEE

CREDIT APPLICATION MAY NOT BE APPROVED WITHOUT SIGNED PERSONAL GUARANTEE

FOR AND IN CONSIDERATION OF THE EXTENSION OF CREDIT TO THE ABOVE ENTITY, I HEREBY GUARANTEE PAYMENT OF THE SAID INDEBTEDNESS IN THE EVENT THE ABOVE ENTITLED BUSINESS OR ENTITY SHALL FAIL TO PAY ITS INDEBTEDNESS BY THE FIFTEENTH DAY OF THE FIRST MONTH FOLLOWING BILLING. IN THE EVENT OF LITIGATION OR THE REASONABLE NECESSITY OF LEGAL SERVICES BY SUPERIOR DIESEL, INC., THE UNDERSIGNED SHALL PAY, IN ADDITION TO THE UNPAID INDEBTEDNESS, ALL COSTS OF COLLECTION, INCLUDING BUT NOT LIMITED TO, COURT COST, ATTORNEY FEES, AND OUT-OF-POCKET EXPENSES ASSOCIATED WITH SUCH COLLECTION EFFORTS OR FILED LITIGATION. THE UNDERSIGNED DOES HEREBY AGREE THAT THE EXTENSION OF CREDIT TO THE ABOVE ENTITY IS GOOD AND ADEQUATE CONSIDERATION FOR SAID PERSONAL GUARANTEE WHICH SHALL CONTINUE IN FULL FORCE AND EFFECT UNTIL THE SAME BE REVOKED IN WRITING AS TO CREDIT NOT HAVING BEEN EXTENDED BY SUPERIOR DIESEL, INC. AS OF THE DATE OF RECEIPT OF SUCH REVOCATION. FURTHER, THE UNDERSIGNED AGREES THAT THE ONLY ACCEPTABLE METHOD OF REVOCATION SHALL BE BY DELIVERY OF EITHER CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED.

_____ Personal Guarantor (signature)	_____ Residence Street Address
_____ Name (print or type)	_____ City, State, Zip
_____ Date	_____ Social Security Number

