



2266 Crosswind Drive, Prescott AZ. 86301 - Phone (928) 771-8422 - Fax (928) 771-8322



Midway Industries, Inc. Standard WD Application for Credit Card Account

NAME OF FIRM OR CORPORATION: _____ DATE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

TYPE OF BUSINESS: _____ YEARS EST: _____ SALES REP (If available): _____

LEGAL ENTITY (Select One): Corporation Partnership Proprietorship LLC

RESALE NUMBER: _____

(Please send copy of resale certificate for our files with this application.)

EIN of Business or SSN of Principal: _____

If a corporation, list of names of officers and titles; if other entity list of names of partners or owners.

NAME: _____ HOME STREET: _____

TITLE: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

NAME: _____ HOME STREET: _____

TITLE: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

TRADE REFERENCES: Please fill out completely.

1. COMPANY: _____ CONTACT NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

BANK REFERENCES: Please fill out completely, including bank account number.

(Signature below authorizes bank to disclose relevant credit information)

BANK NAME: _____ CONTACT NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____ EMAIL: _____

NOTE: This credit application must be signed and complete in order for the applicant to qualify for credit; no exceptions.

Has the firm or any of its principals been involved in a Bankruptcy? Yes No

If Yes, explain: _____

Midway Industries, Inc. Standard WD Application for Credit Card Account - Continued

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis to review business standing in the aftermarket industry. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed granted and agrees to pay a service charge of 1.5% per month (18% annual percentage rate), or the highest legal rate allowed, on all past due balances.

In the event of any third parties are employed to collect ant outstanding monies owed by said business the undersigned agrees to pay reasonable collections costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation occurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

(Print Name) (Title) (Signature)

(Print Name) (Title) (Signature)

CREDIT DEPARTMENT USE ONLY

Account Number: _____

Customer Number: _____

Date: _____

Line of Credit Approved / Denied Amount: \$ _____

Terms: _____

Authorized By: _____