CREDIT APPLICATION



Applicant: Please read the following before completing this form. Applicant represents that the information given in this application is complete and accurate and authorizes Service Champ ("Seller") or its authorized credit agent to check with credit reporting agencies, credit references, and other sources, including banks, Seller deems appropriate in considering this application and subsequently for any legal purpose. READ THE AGREEMENT AND SIGN THE "SIGNATURE" SECTION BEFORE SUBMITTING THIS APPLICATION. Please include a current Resale Certificate.

BILL TO NAME		TYPE OF BUSINESS Aftermar	ket Installer Re	tail
DBA		AFFILIATION		
ADDRESS		STATE INCORPORATED IN	Years Established	
		TYPE OF OWNERSHIP	ship Individual Corpora	tion
SHIP TO NAME (if different)		NUMBER OF LOCATIONS		
ADDRESS		PARENT COMPANY		
		AMOUNT OF CREDIT REQUESTED \$		
		PHONE NUMBER		
BUYER'S NAME		FAX NUMBER		
E-MAIL		WEB ADDRESS		
TAX EXEMPT? Yes No (T	Tax will continue to be charged on all invoices until the resale	e certificate is received) TAX EXEMPT #		
	ACCOUNTS PAYA	BLE INFORMATION		
CONTACT PERSON	PHONE #	FAX #		
E-MAIL ADDRESS		FEDERAL ID#		
	LIST OF 0	OFFICERS		
PRINT NAME	ADDRESS		TITLE	
PRINT NAME	ADDRESS		TITLE	
	VENDOR R	EFERENCES		
1. NAME		ACCT <u>#</u>		
CITY/STATE	FAX #	EM	IAIL	
2. NAME		ACCT #		
CITY/STATE	FAX #	EN	IAIL	
3. NAME		ACCT #		
CITY/STATE	FAX #	EM	AIL	
	RANK DE	FERENCE		
NAME OF BANK	ADDRESS	CITY	STATE ZIP	
FAX NUMBER	EMAIL ADDRESS	ACCOUNT NUMBER	DATE ACCT. OPE	NED

The undersigned confirms that the above information is true and accurate and hereby authorizes Service Champ (Company) to obtain credit and/or financial information from the name and references listed above. If given open terms of credit with Company, the undersigned company promises to pay for all purchases in accordance with Company terms. If not a corporation, the undersigned company/owner personally guarantees payment of all invoices. If at any time the undersigned company is unable to meet its financial obligations with Company, the undersigned agrees to pay for legal, court or any other fees necessary to collect unpaid invoices. A Service Charge of \$30.00 will be applied for all returned checks and a 25% Collection Fee will be added to any account placed with an outside collection agency.

COMPANY NAME	AUTHORIZED SIGNATURE	
PRINT NAME	TITLE	DATE
Service Champ 180 New Britain Blvd Chalfont, PA 18914 Phone: 1.800.221.0218 Fax: 1.800.472.2281 credit@servicechamp.com		REMIT TO: Service Champ PO Box 412284 Boston, MA 02241-2284