

# LAKE SHORE

**RADIATOR & SPECIALTY  
AUTO PARTS WAREHOUSE**

*"Throughout The South"*



**COMMERCIAL  
CREDIT  
APPLICATION**

RETURN TO: P.O. Box 6877 · Jacksonville, FL 32236 · (904) 389-4845 · (800) 252-0287

Visit Our Website at: [www.mylsap.com](http://www.mylsap.com)

**Warehouses:**

5355 Ramona Boulevard, Jacksonville, FL 32205    8345 Grace Rd., Macon, GA 31216  
2050 Mabelene Road, N. Charleston, SC 29406    556 Pylon Drive, Raleigh, NC 27606  
983 Tate Drive, Dothan, AL 36301    211-C Creek Ridge Road, Greensboro, NC 27406

DATE \_\_\_\_\_

**TYPE  
OF  
BUSINESS**

- SOLE PROPRIETORSHIP  
 PARTNERSHIP  
 CORPORATION IN STATE OF \_\_\_\_\_

**APPLICANT INFORMATION ( Please PRINT or TYPE All Information )**

COMPANY NAME \_\_\_\_\_ EXPECTED MONTHLY PURCHASES \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SALES TAX EXEMPTION NUMBER \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ STATE \_\_\_\_\_  
ACCOUNTS PAYABLE ADDRESS (if different) \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ NUMBER OF EMPLOYEES HERE \_\_\_\_\_ TOTAL \_\_\_\_\_ SALES VOLUME \$ \_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ NO. OF YEARS IN BUSINESS UNDER THIS NAME \_\_\_\_\_ NO. OF YEARS AT THIS LOCATION \_\_\_\_\_

**NOTE: ALL INFORMATION MUST BE COMPLETED BEFORE APPLICATION CAN BE PROCESSED!**

<b>OWNERSHIP OR CORPORATE OFFICERS</b>	NAME OF OWNER/OFFICER	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER ( )
	HOME ADDRESS	CITY	STATE ZIP
	NAME OF OWNER/OFFICER	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER ( )
	HOME ADDRESS	CITY	STATE ZIP
	NAME OF OWNER/OFFICER	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER ( )
	HOME ADDRESS	CITY	STATE ZIP
<b>TRADE REFERENCE</b>	COMPANY NAME	PHONE NUMBER ( )	FAX # NUMBER ( )
	ADDRESS	ACCOUNT NUMBER	CITY STATE ZIP
	COMPANY NAME	PHONE NUMBER ( )	FAX # NUMBER ( )
	ADDRESS	ACCOUNT NUMBER	CITY STATE ZIP
	COMPANY NAME	PHONE NUMBER ( )	FAX # NUMBER ( )
	ADDRESS	ACCOUNT NUMBER	CITY STATE ZIP
<b>BANK INFO</b>	BANK NAME	ACCOUNT NUMBER	PHONE NUMBER ( )
	ADDRESS	CITY	STATE ZIP

COMMENTS:

**GUARANTEE / AGREEMENT**

In consideration of credit which Lake Shore Radiator, Inc., a Florida corporation ("Company"), may from time to time extend to the above applicant applying for credit ("Borrower"), the undersigned hereby individually, jointly and severally, and unconditionally guarantee to Company, its successors and assigns, the payment when due, of all indebtedness owing by Borrower to Company, together with costs of collection and reasonable attorneys' fees, whether said indebtedness be evidenced by notes, discounts, advances on open accounts, or otherwise, and whether such indebtedness be so owing by the Borrower as principal, surety or endorser, and whether or not any other person, firm or corporation is also liable for any or all of said indebtedness.

The undersigned in consideration of these terms of sale stated herein and for the extension of credit by Company hereby agrees that the terms of the sale are net 10th. The account becomes past due if not paid by the 11th of the month, and is subject to being placed on credit hold on the 26th of that month, and a 1 1/2% service charge (18% per annum) may be added on any past due amount that is not in dispute.

In the event of default in payment and if the same is placed in the hands of an attorney for collection, the Borrower agrees to pay all costs of the collection, including a reasonable attorney's fee and interest. Borrower further agrees that any changes in ownership or offices or form that the business operates shall be made known to Company. This notice shall be in writing and mailed to Lake Shore Radiator, Inc. P.O. Box 6877, Jacksonville, Florida 32236 by certified U.S. Mail.

This agreement is to be performed in Duval County, Florida, and any suit hereon or for any breach hereof may be brought and prosecuted in the courts of said county. The information given on this application is warranted to be true and Borrower authorizes Company to investigate said information.

AGREED TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

SIGNED BY: \_\_\_\_\_

**IMPORTANT**

**SIGN THE THREE (3) enclosed credit information release forms so that we can expedite your credit request.**  
**RETURN: (3) release forms & completed Credit Application.**

**NOTE: ONLY AN OWNER OR AUTHORIZED CORPORATE OFFICER MAY SIGN.**

No. \_\_\_\_\_

# CREDIT INQUIRY

Dear Vendor:

I, the undersigned, being duly authorized to act in this capacity do hereby give CREDITORS Permission to release any and all CREDIT INFORMATION on my account, Performance and Paying History to [LAKE SHORE RADIATOR, INC.](#) in their investigation of my credit worthiness.

Please expedite their report request so that I may obtain an OPEN ACCOUNT status with them as soon as possible.

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*(Authorized Signature)*

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*(Please Print name Above)*

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*(Title or Position)*

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*(Date)*

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*(Name of Business)*



Home Office: P.O. Box 6877 • Jacksonville, Florida 32236 • (904) 389-4845

December 2008

Dear Valued Customer:

In order to comply with the State of Florida sales tax law requirements, it is necessary that we have in our files a properly executed exemption certificate from all our customers who claim sales tax exemption. If we do not have this certificate we are obligated to collect tax.

If you are entitled to sales tax exemption, please furnish us with a **2009 Florida Annual Resale Certificate for Sales Tax**. Please mail a copy or fax to (904) 388-7022.

If you have any questions, please contact Tommy Allison or Eric Robinson at (904) 389-4845 or (800) 252-0287.

Sincerely,

A handwritten signature in blue ink that reads "Jimmy Farmer". The signature is fluid and cursive, with the first name "Jimmy" being more prominent than the last name "Farmer".

Jimmy Farmer,  
Chief Operations Officer

Branch Warehouses:

Jacksonville, FL • Macon, GA • N. Charleston, SC  
Greensboro, NC • Raleigh, NC • Dothan, AL • Austin, TX

Dear Credit Applicant:

We appreciate your interest in our company and are happy to offer an **OPEN ACCOUNT** status to Credit Worthy Companies.

We require to have a **FULLY COMPLETED** Credit Application that is **Personally Guaranteed** by the owner or an authorized company officer, the completion of three credit release forms, and the understanding of our credit terms.

Open accounts must have their monthly balance paid in full by the 10th of the month following purchases.

If these terms are not met, we may be forced to ship future purchases on a **C.O.D.** basis until payments become current.

Each account reference is verified so please supply Complete Addresses, Phone Numbers, Fax Numbers, and Contact Person of your References.

Again **THANK YOU** for your patronage with us, and we look forward to serving you!

Sincerely,



Jimmy Farmer,  
Chief Operations Officer