

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

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!

OWNERSHIP OR CORPORATE OFFICERS	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
TRADE REFERENCE	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
BANK INFO	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.

(Authorized Signature)

(Please Print name Above)

(Title or Position)

(Date)

(Name of Business)



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

Dear Valued Customer:

In order to comply with the majority of state and local 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 for the state in which the property is delivered.

If you are entitled to sales tax exemption, please complete the certificate on the reverse side and return this form to us by mail or faxing to (904) 388-7022. If you purchase tax free for a reason for which this form does not provide, please send us your special certificate for each state that you are registered in.

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 written in a cursive, flowing style.

Jimmy Farmer,
Chief Operations Officer

Branch Warehouses:

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

LAKE SHORE

RADIATOR & SPECIALTY
AUTO PARTS WAREHOUSE

"Throughout The South"



BLANKET EXEMPTION CERTIFICATE

The undersigned purchaser certifies that he is in the business of _____
(description of your business)

_____ and that the sale to him of tangible personal property herein
described as **Auto Parts or** _____

purchased from **Lake Shore Radiator & Specialty Auto Parts Warehouse (Lake Shore Radiator, Inc.)**

is exempt from tax levied by the Sales & Use Tax Laws, as amended. Effective Date _____ for the following reasons:
(Effective Date of
Sales Tax Exemption)

- For resale, in the regular course of business, in the form of tangible personal property
- To be incorporated as a material, ingredient or component part of tangible personal property for sale
- Other, please specify _____

This certificate shall be notice and shall be considered a part of each order given by purchaser from and after the date shown above, unless such order shall otherwise specify.

This certificate shall continue in full force and effect unless and until revoked in writing by the purchaser.

The undersigned understands and agrees that if he uses the tangible personal property other than stated above, or for any purpose which would not exempt the sale under the law, he becomes liable for the tax and, if any, the penalty and interest thereon.

Your Company Name _____

Address _____

City, State, & Zip _____

Signed _____ **Title** _____ **Date** _____

Sales Tax Exemption Number For:

(Please write complete number in corresponding blank)

Alabama _____

Mississippi _____

Arizona _____

North Carolina _____

Arkansas _____

South Carolina _____

Florida _____

Tennessee _____

Georgia _____

Texas _____

Kentucky _____

Virginia _____

Louisiana _____

West Virginia _____

Maryland _____

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