



Dear Potential Customer,

Thank you for taking the time to fill out an application for credit with our company. We look forward to a long and mutually prosperous relationship with you and your company.

We request the following information below to set-up an account with our company:

Please fill-out the application below completely. If you have a company in-

- formation sheet you use to provide necessary information, please make sure that all the information we request on the application is provided on your company information sheet.

Provide a copy of your Resale Certificate for Sales Tax and your current business license(s).

- Read the general Terms and Conditions carefully before signing. This area must be signed by the owner and/or partner of the business. Customers requesting to pay by credit card must fill-out and sign the credit card authorization form to be kept on file.
- Customers requesting COD terms must still provide all the information requested in the credit application, as well as a copy of the signers driver's license.

After your application has been reviewed and or your references con-tacted, you will receive a letter from us indicating your approval or re-jection for credit or dealer status with KLASSIK RÄDER. We will also send you current product information and specific policies to follow in conducting business with our company.

Thank you again for your interest in doing business with Klassik Räder.

Sincerely,

Melissa Gaudens, Chief Financial Officer

**803 E. Reynolds Street, Plant City, FL 33563 PH: 888-707-9880 | FX: 813-707-9893**

**[sales@klassikrader.com](mailto:sales@klassikrader.com)**

**[www.klassikrader.com](http://www.klassikrader.com)**



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## CONFIDENTIAL CREDIT APPLICATION

### COMPANY INFORMATION

COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:
FEDERAL ID #:	RESALE TAX #:	
TYPE OF BUSINESS:	YEAR ESTABLISHED:	D & B #:
OWNER/MANAGER'S NAME:	ACCOUNTS PAYABLE CONTACT:	
CREDIT AMOUNT REQUESTED:	TERMS REQUESTED:	

### BUSINESS/TRADE REFERENCES

COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:
COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:
COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:

**FINANCIAL REFERENCES**

<b>BANKING INSTITUTION:</b>		
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>FAX:</b>	<b>CONTACT:</b>
<b>CHECKING ACCT #:</b>	<b>SAVINGS ACCT #:</b>	

<b>BANKING INSTITUTION:</b>		
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>FAX:</b>	<b>CONTACT:</b>
<b>CHECKING ACCT #:</b>	<b>SAVINGS ACCT #:</b>	

**TERMS & CONDITIONS**

1. All invoices are due for payment by the 10th day of the month following purchase and shall be considered overdue after this date. A 2% service charge (24% per annum) is added to statement balances 30 days past-due.
2. In the event of default in the acceptance of goods or services ordered or in the payment for goods or services received applicant agrees to pay all costs and expenses, including reasonable attorney's fees incurred in remedying the default or the enforcement of any rights possessed by seller.
3. I have answered to the best of my knowledge and understanding the terms of sale. Klassik Räder may inquire as to my credit standing.
4. By submitting and signing this application, you authorize Klassik Räder and it's representatives or agents to make inquires and obtain confidential account information from the banking, savings, government, business, and/or trade references you have supplied in this application

<b>Applicant's Signature:</b>	<b>Title:</b>	<b>Date:</b>
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<b>Co-Applicant's Signature:</b>	<b>Title:</b>	<b>Date:</b>
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**THANK YOU**



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**CREDIT REPORT  
CONSENT/  
AUTHORIZATION**

**KEY MANAGEMENT MEMBERS AND OWNERS**

<b>NAME:</b>	<b>TITLE:</b>	<b>SS #:</b>
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>NAME:</b>	<b>TITLE:</b>	<b>SS #:</b>
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>NAME:</b>	<b>TITLE:</b>	<b>SS #:</b>
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>SOCIAL SECURITY NUMBER:</b>	

*The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Klassik Räder from time to time as may be needed, in the credit evaluation process. All persons listed in the Key Management Member and Owners section must read this paragraph and sign below.*

<b>AUTHORIZED SIGNATURE:</b>	<b>DATE:</b>
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<b>AUTHORIZED SIGNATURE:</b>	<b>DATE:</b>
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<b>AUTHORIZED SIGNATURE:</b>	<b>DATE:</b>
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## INDIVIDUAL GUARANTEE OF ACCOUNT

In cases of partnership and corporations, it is understood and agreed that the individual part-ners or officers will be personally liable for all purchases that are made.

In consideration of the extension of credit by KLASSIK RÄDER to:

\_\_\_\_\_ located at:

\_\_\_\_\_ the undersigned individuals do personally and individually guarantee payment of all charges together with interest at the legal rate from the due date of all charges on the account of the above named customer. The undersigned personal guarantor, recognizing that his or her in-dividual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by KLASSIK RÄDER from time to time as may be needed, in the credit evaluation process.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**INDIVIDUAL GUARANTOR SIGNATURE:**

**DATE:**

**PRINT GUARANTOR NAME:**

**GUARANTOR'S HOME ADDRESS:**

**HOME PHONE NUMBER**

**INDIVIDUAL GUARANTOR SIGNATURE:**

**DATE:**

**PRINT GUARANTOR NAME:**

**GUARANTOR'S HOME ADDRESS:**

**HOME PHONE NUMBER**

The Federal Equal Opportunity Act prohibits from creditors from discriminating against credit applicants on the basis of sex or marital status. The address of this Federal Agency is Federal Trade Commission, 1240 E. 9th Street, Cleveland, Ohio 44199.