



Credit Application

Mail to: PROformance Powertrain Products, 2720 N. Airport Commerce Ave, Springfield, MO 65803 or FAX to: (417)831-2864

Contact Name: _____ Date: _____

Company Name: _____

Bill to Address: _____

Ship to Address: _____

City: _____

City: _____

State: _____

State: _____

Zip Code: _____

Zip Code: _____

Phone Number (____) _____ - _____

E-mail Address _____

Fax Number (____) _____ - _____

Cell Number (____) _____ - _____

Tax Exempt Yes No
(Please Include Tax Exemption Certificate)

Tax Number # _____

Business Overview

How many years has the company been in business? _____

Business known by any other name? _____

Dealership Information:

Number of Locations: _____

Number of Employees: _____

Number of Bays: _____

Payment by: Statement
 Invoice

Credit Line Calculation:

Weekly Transmission Purchases: _____ X \$1,500 = _____

Weekly Engine Purchases: _____ X \$1,500 = _____

Est. Credit Requirements (weekly purchase total X 4) _____

Purchase Order Required? Yes
 No

Business Structure

Corporation Partnership Sole Proprietorship

If the company is a Sole Proprietorship, list the Owner's name and home address below:

Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Social Security Number: _____ - _____

If the company is a Partnership or Corporation, list the Owner's name and home address below:

Name	Address	City	State	Zip	Phone

Name	Address	City	State	Zip	Phone

List the names, addresses and phone numbers for the Banks you deal with:

Bank Name	Address	City	State	Zip	Phone
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Bank Contact: _____

Account Number: _____ Account Type: _____

Account Number: _____ Account Type: _____

Bank Name	Address	City	State	Zip	Phone
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Bank Contact: _____

Account Number: _____ Account Type: _____

Account Number: _____ Account Type: _____

List Three Trade References:

Reference Name	Address	City	State	Zip	Phone
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Account Number: _____ Account Type: _____

Reference Name	Address	City	State	Zip	Phone
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Account Number: _____ Account Type: _____

Reference Name	Address	City	State	Zip	Phone
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Account Number: _____ Account Type: _____

For the consideration of opening this account it is agreed that I/We will abide by the payment terms listed below:

The information furnished above has been given freely and voluntarily. I hereby authorize PROformance Powertrain to conduct an inquiry of Experian Credit Reporting, the banking and trade references listed. However, I understand that nothing contained in this form should be construed as an agreement to conduct business between PROformance Powertrain and this company. Open credit will be granted only after a credit check has been completed. Otherwise, the Company must pay by credit card, cashier check or company check. The credit terms shall be 10 days from date of statement or 30 days from the date of invoice. Each Company desiring open credit must sign a credit application prior to PROformance Powertrain undertaking a credit background check.

Once a Company has been approved for open credit, the credit limit shall be reviewed from time to time to ensure adequacy based on the volume and payment history of the individual Company.

In the event a Company does not maintain its account in accordance with these credit terms; PROformance Powertrain may place that Company on COD until the account is brought current.

Signed (Must be an Owner or Officer of Company)

Title

Date