

PLEASE FILL OUT THE FORM, PRINT, SIGN, AND SEND TO OLYMPUS BY MAIL OR FAX.

ACCOUNT APPLICATION

OLYMPUS IMPORTED AUTO PARTS.

Type of Account Requested:
_____ C.O.D. _____ Charge

Mail to: 5200 Eisenhower Ave., Suite 210, Alexandria, VA 22304
Or Fax to: (703) 370-8654

General Information

Legal Name of Business: _____

Trade Name: _____

Delivery Address: _____

Billing Address: _____

Telephone: (____) _____ Fax (____) _____

Date Business Established: _____ Federal ID #: _____

Legal Status: _____ Sole Proprietor _____ Partnership _____ Corporation

P.O. Required? _____ Yes _____ No Person to Contact Regarding Billing: _____

The Owners or, if a Corporation, the Officers

1. Name: _____ Title: _____

Home Address: _____

Home Phone: (____) _____ Social Security #: _____ - _____ - _____

2. Name: _____ Title: _____

Home Address: _____

Home Phone: (____) _____ Social Security #: _____ - _____ - _____

Trade References (Must be completed for Charge Applications)

1. Name: _____ Account #: _____

Phone: (____) _____ Contact Person: _____

2. Name: _____ Account #: _____

Phone: (____) _____ Contact Person: _____

3. Name: _____ Account #: _____

Phone: (____) _____ Contact Person: _____

Terms and Conditions

The Applicant, by the signature below of its duly authorized officer, agent or employee, hereby agrees that all purchases made are subject to the following terms and conditions:

- * For Monthly Charge Accounts, payment of all invoices is due the 25th day of the month following the invoice date.
For Weekly Charge Accounts, payment of all invoices is due within 5 days of the statement date.
- * The Applicant agrees to pay service charges at the rate of 1.5% per month (18% per annum) on all past due amounts.
- * The Applicant agrees to pay, in the event the account becomes delinquent and is turned over to any attorney or collection agency for collection, reasonable attorney's fees plus all court and attendant collection costs.
- * The Applicant authorizes any trade references listed on the application to release the necessary information to assist Olympic Imported Parts in establishing this account.

Name of Authorized Signer (Print Name) Title Authorized Signature Date

Personal Guarantee

In consideration of the decision of Olympic Imported Parts Corp. to extend credit to the above firm, the undersigned hereby personally guarantees full payment of all indebtedness which is incurred for the purchase of merchandise and/or service. This guarantee shall continue in full force and effect until such time as Olympic Imported Parts Corp. receives written notice from the undersigned revoking this guarantee, provided that such revocation shall not relieve the undersigned from liability for any indebtedness incurred prior to the receipt by Olympic of such notice.

Name of Authorized Signer (Print Name) Title Authorized Signature Date

Home Office Use Only

Date Received Date Opened Credit Limit Account Number Location