



OMNISOURCE UNITED, INC.

Credit Application - Commercial

Please Type or Print

Business Name	Area Code/Phone #	Fax #	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
Mailing/Billing Address	City	State	Zip
Street Address (If Different From Mailing Address)	City	State	Zip
Name of Owner/President/Partner	Home Address	City	State Zip
SS#	Phone & Fax #		
Name of Vice President/Partner	Home Address	City	State Zip
SS#	Phone & Fax #		
Name of Secretary/Treasury	Home Address	City	State Zip
SS#	Phone & Fax #		
Resale Tax Number (If Applicable) - Attach Certificate	Employer I.D. Number	E-Mail Address	
Years In Current Business	Business Property	Purchase Order Required:	Name of Authorized Agent(s):
	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shipping Address (If Different From Above)	City	State	Zip
	Phone & Fax #		
Primary trade References	Total Tire Purchases Annually (\$): Estimated Monthly Tire Purchases from Omnisource		
Name & Account #	City	State	Zip (\$)
	Phone & Fax #		
Name & Account #	City	State	Zip
	Phone & Fax #		
Name & Account #	City	State	Zip
	Phone & Fax #		
Name & Account #	City	State	Zip
	Phone & Fax #		

For A to Z Tire's Representative to complete

	Store Number:		Route:	
	Sales Person:		Price Level:	
	Account Type:	C <input type="checkbox"/> W <input type="checkbox"/> G <input type="checkbox"/>	Cash Tracking:	<input type="checkbox"/> Yes <input type="checkbox"/> No

BILLING

The Omnisource United, Inc. billing period begins on the 26th day of the current month and ends on the 25th day of the following month. If the 25th falls on Sunday or holiday, then the billing period ends on the weekday prior.

The 10th day of each month is the payment due date.

Statements are mailed to all charge customers at the end of each month.

TERMS

I agree that **the 10th day of the month is the due date** of my account. I agree to pay in full on or before the 10th day of the month the current amount due as shown on my Omnisource United, Inc. account statement for all goods and/or services purchased and charged to my account during the billing period. If the account is not paid on or before the due date my account will be past due. If suit is brought on the account, or if the collection is attempted through probate, bankruptcy, or insolvency proceedings, I agree to pay a reasonable attorney's fee of no less than (10%) of the account balance plus late charges due at the time of suit or collection efforts, which is agreed to be a reasonable fee.

FINANCE/LATE CHARGES

I agree to charges of 1.5% per month on all past due balances – Annual Percentage Rate 18%.

On each returned N.S.F. (insufficient funds) to Omnisource United, Inc. I agree to pay the service charge in addition to the finance/late charges applied to my account.

SECURITY INTEREST AGREEMENT

I, the debtor, hereby grant Omnisource United, Inc., the secured party, a continuing security interest in all my inventory, equipment, machinery and tools, wherever located, now owned or hereafter acquired from whatever source along with all accounts receivable, chattel papers, contract rights, instruments sight drafts, cash, insurance benefits, general intangibles, right to payment of every kind, interest in any goods, the sale, the lease or disposition thereof, now or at any time hereafter arising out of the debtor's business to secure payment and any late or finance charges owed the secured party. I grant the secured party the right to repossess such inventory, equipment, machinery and tools by whatever legal means are available after the account becomes past due. I waive demand notice of intention to repossess, grace, or notice of default, and agree to indemnify, reimburse and hold harmless Omnisource United, Inc. from any and all actions, damages, expenses, costs, and attorney's fees incurred in the collection of my account and the enforcement of this security agreement. I agree to pay any expenses incurred in the repossession and care of any property under this security agreement in addition to all sums due on my account.

I, the debtor, hereby agree to give written notice of any change in my business entity prior to the change itself. Afore mentioned change would include, but would not be limited to, a change in legal ownership of debtor.

I agree that this document may be filed as a financing statement.

Signed this _____ day of _____ 20____

DEBTOR

Company Name

Address

City, State, Zip

X

Signature of Authorizing Officer or Partner

X

Signature of Partner

SECURED PARTY

Omnisource United, Inc.

Company Name

Address

City, State, Zip

X

Signature

Title



806-373-2592 Fax 806-379-9728 P.O. Box 9138 Amarillo, TX 79105-9138
Toll Free 888-326-7072 Ext.138

Date _____

I, _____ hereby authorize Omnisource United to pull a personal credit report to use in the evaluation of my request for extension of credit for the following business:

(Business Name)

Social Security Number _____

Current Address _____

Signature: _____ (required)

**Albuquerque Amarillo Austin Billings Dallas Denver Farmington Houston Laredo
Lubbock McAllen Phoenix San Antonio Waco Wichita Falls**

BANK REFERENCE

Date: _____

Bank Name: _____

Bank Address: _____

Bank Account # _____

Name(Print) _____

I the undersigned hereby request the release of information concerning my account(s) to OMNISOURCE UNITED, INC.

(Signature)