

**ASSOCIATED SUPPLY COMPANY, INC.**  
**2102 E Slaton Highway Lubbock, TX 79404**  
**Toll-Free: (888) 376-1321 | Local: (806) 745-2000 | Fax: (806) 748-1268**  
**CREDIT APPLICATION**

PARTS      SERVICE      RENTAL      SALES      CREDIT LIMIT DESIRED:

Account Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Accounting Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Owner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
A/P Email \_\_\_\_\_ A/P Contact: \_\_\_\_\_  
Type of Ownership: Proprietorship: \_\_\_ \*\*\* Partnership: \_\_\_ Corporation: \_\_\_ DNB# \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Bank Reference: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Banker: \_\_\_\_\_ Checking Acct. #: \_\_\_\_\_  
Account Balance: \_\_\_\_\_ Remarks: \_\_\_\_\_  
Loans: \_\_\_\_\_ When Opened: \_\_\_\_\_

**Commercial References**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

I (We) understand that the information furnished you in this Credit Application (the "Application") for the above-referenced business or firm (the "Applicant") , is for the purpose of obtaining credit from ASSOCIATED SUPPLY COMPANY, INC. ("ASCO") pursuant to the terms and conditions set forth in this Application, and all information in this Application is accurate. I am (we are) authorized, in my (our) capacity, to bind the Applicant accordingly. Applicant will use credit from ASCO for business purposes only. I (we) also understand and affirm that any person signing any contract or invoice on behalf of the Applicant is an authorized agent of the Applicant and has full authority to act on the Applicant's behalf, unless I (we) have provided specific written instructions to ASCO limiting the persons who have express authority to act on behalf of the Applicant. All accounts and monies due from Applicant to ASCO will be payable at ASCO's place of business in Lubbock, Lubbock County, Texas. Invoices are due on the date of the invoice, and Applicant and any guarantor promise to pay lawful interest at 18% per annum on invoices not paid within 30 days of the invoice date. Applicant and guarantor agree to pay all costs of collection including court costs, reasonable attorney's fees and expenses, and other collection costs. All changes to this agreement must be in writing. As used in this Application, the "Applicant" includes all businesses named in this Application and any similarly named business in which I (we) or the guarantor have an interest. **THE APPLICANT AND ANY GUARANTOR HEREBY UNCONDITIONALLY WAIVE ITS RIGHTS TO A JURY TRIAL. EXCLUSIVE JURISDICTION AND VENUE FOR ANY LITIGATION BETWEEN THE APPLICANT, ASCO AND ANY GUARANTOR IS IN ANY DISTRICT COURT OR COUNTY COURT AT LAW OF LUBBOCK COUNTY, TEXAS, WITH TEXAS LAW BEING APPLICABLE.** I (we) have thoroughly read and do understand this credit agreement and by evidence of my (our) signature(s), agree to the terms.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**GUARANTY**  
**[REQUIRED FOR ANY APPLICANT THAT IS NOT A SOLE PROPRIETORSHIP]**

In consideration of credit being extended to the above named firm ("Applicant") pursuant to the credit terms set forth in the Application, I (the "Guarantor") personally guarantee all indebtedness incurred by Applicant and owing to ASCO. I agree that this guaranty is a primary, absolute, irrevocable, continuing and unconditional guaranty of payment and performance in Lubbock County, Texas, and not of collection, and is independent of the Applicant's obligations under the account or any contract with ASCO. This Guaranty will remain in effect regardless of any modification or extension of the indebtedness owing by the Applicant. Guarantor waives all notices of acceptance, modification, extension, and default and any other notice to the extent allowed by law. Guarantor will, within five (5) days from date of notice of the account being past due, pay the amount due. Guarantor agrees to pay all costs of collection including court costs, reasonable attorney's fees and expenses, and other collection costs. I have read the Application and this Guaranty, and all terms and conditions contained in this Application and Guaranty, and by evidence of my signature, agree to the terms and conditions. This Guaranty binds me and my heirs, successors and assigns. I understand and agree that ASCO would not be willing to extend credit to Applicant except for the personal guarantee being herein made by Guarantor.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_ \*\*\* include for Proprietorship

We are interested in making electronic payments to ASCO