



# Stratham Tire, LLC.

355 Route 125  
Brentwood, NH 03833  
603-679-2232



Account #: \_\_\_\_\_

## CREDIT APPLICATION

Salesman/Stratham Tire Store Location \_\_\_\_\_ Date: \_\_\_\_\_

**REQUESTED CREDIT AMOUNT** \_\_\_\_\_

Business Name \_\_\_\_\_ Federal ID # \_\_\_\_\_  
Street Address: \_\_\_\_\_ P.O. Box # \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Bus Phone # \_\_\_\_\_  
Open Since \_\_\_\_\_ Type of Business \_\_\_\_\_ Fax Phone # \_\_\_\_\_  
Single Owner Since \_\_\_\_\_ Partnership Since: \_\_\_\_\_ Incorporated Since \_\_\_\_\_  
Premises Owned by \_\_\_\_\_ Address \_\_\_\_\_  
Email Address \_\_\_\_\_

## PRINCIPAL OWNERS

Name \_\_\_\_\_ Street Address \_\_\_\_\_  
(Last) (First) (Middle)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Social Security No \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Name \_\_\_\_\_ Street Address: \_\_\_\_\_  
(Last) (First) (Middle)  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security No \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Social Security No: \_\_\_\_\_

## REFERENCES: TRADE NAME AND ADDRESS

1. Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax # \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax # \_\_\_\_\_  
3. Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax # \_\_\_\_\_

## BANKS: NAME, ADDRESS AND ACCOUNT NUMBERS

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

List Vehicles and Major Equipment : \_\_\_\_\_  
\_\_\_\_\_

Vehicles Financed: \_\_\_\_\_  
\_\_\_\_\_



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## TERMS & CONDITIONS

The information above is correct to the best of my knowledge and I authorize Stratham Tire, Inc to complete a thorough credit investigation. If you deem it necessary, I hereby give you permission to obtain information from a participating Credit Bureau for the purposes of an establishing credit, account review, credit line increases, collection or other legitimate purposes.

In the event of default in the payment of this account, I agree to pay interest at the rate of 18 per centum per annum, AND IN THE EVENT OF DEFAULT IN THE TERMS OF OUR AGREEMENT, I AGREE to pay all costs of collection including Attorneys Fees at the rate of 33 1/3 percent.

By signing this application you consent to Stratham Tire obtaining your credit report in connection with this transaction and or extension of credit, for the purpose of reviewing the account, increasing your credit line on the account for the purpose of taking collection on the account, or for other legitimate purposes associated with the account as provided for in 9 V.S.A. s.2480e.

Waiver of any provision of these terms by Stratham Tire, Inc., shall not be construed to be a waiver of the same or a different term in the future.

These terms shall not be altered except by a written modification signed by the applicant and Stratham Tire, Inc.

\_\_\_\_\_  
Witness to Signature

X \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness to Signature

X \_\_\_\_\_  
Co-Applicant

## PERSONAL GUARANTEE

In consideration of the extension of credit to the applicant pursuant to the terms of this account, which the undersigned consider(s) to be of value to the undersigned, each of the undersigned individual(s) personally guarantee(s) to pay the entire obligation of the applicant (including all accrued interest, attorney's fees and costs of collection) in the event the applicant fails to pay any of said obligation, immediately upon demand made by Stratham Tire, Inc. on the undersigned individual(s). This guarantee is an absolute and unconditional, irrevocable guarantee of payment and performance.

\_\_\_\_\_  
Witness to Signature

X \_\_\_\_\_  
Personally and Individually

\_\_\_\_\_  
Witness to Signature

X \_\_\_\_\_  
Personally and Individually