GERALDJONES
AUTO GROUP

In order to comply with your request for an open account, it will be necessary to have the following information:

Name of business_____Phone#_____

Address_____Fax #_____

City_____State_____ Zip_____

Type of Business_____

Length of time in operation_____

Name, Address, Phone numbers, and Email addresses of Person(s) responsible for account:

_____

_____

List at least 3 suppliers, preferably automotive suppliers, to help expedite your request. **Please include fax number and/or email address**.

1. Name_____Tel#_____

   Address_____ Email/Fax# _____

   City_____ State_____ Zip_____

2. Name_____Tel#_____

   Address_____ Email/Fax# _____

   City_____ State_____ Zip_____

3. Name_____Tel#_____

   Address_____ Email/Fax# _____

   City_____ State_____ Zip_____

Name and Address of Bank_____

_____

Sales Tax Number_____

Credit Limit Requested_____

Require PO#? (circle) YES NO

The terms of our invoices are net 30 days unless otherwise expressly indicated. Present financing cost make it necessary to place an interest charge of one and one half (1½%) percent per month on all invoices not paid within thirty (30) days of date of the statement. Such charges will be computed from the day payment was due (i.e. 30 days from the statement cut date). Concurrent with the imposition of interest, your account will be placed on C.O.D. basis until the amount due **(including interest)** has been collected.

In the event of litigation to enforce collection, your company will be responsible for reasonable attorney's fees which shall include in and as part of any judgement rendered in such litigation.

Please acknowledge receipt of this letter by signing the enclosed copy and returning it to us for our files. Signature requested is that of person/persons legally responsible for debts incurred by your company. I have read the above and understand the terms and conditions described therein.

Signature_____ **Date**_____