MERCEDES-BENZ OF ATHENS

CUSTOMER NO.: _____

CREDIT LIMIT: _____

ACCOUNT APPLICATION

NAME OF BUSINESS _____

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE# _____ FAX# _____

SOLE OWNER _____ PARTNERSHIP _____ CORPORATION _____

YEAR BUSINESS FOUNDED _____ SALES TAX # _____ Do we have current form on file? _____

BANK REFERENCE: _____

ADDRESS: _____

ACCT # _____ PHONE # _____

TRADE OR CREDIT REFERENCES

1. NAME _____ PHONE _____

   ADDRESS _____

2. NAME _____ PHONE _____

   ADDRESS _____

3. NAME _____ PHONE _____

   ADDRESS _____

IS PURCHASE ORDER REQUIRED ? YES _____ NO _____

IF YES -- WHO IS AUTHORIZED TO SIGN? _____

_____

I/We hereby authorize all of the above named persons or companies to release such information with regard to my/our financial condition as may reasonably have a bearing on this application.
I/We understand that all accounts are due on the 10th of the month after date of statement.
I/We understand that all credit may be terminated with or without notice at any time.

If it becomes necessary to collect any indebtedness incurred as a result of this application through an attorney, or otherwise, I/We agree to pay all costs of collection including a reasonable attorney's fee.

SIGNED _____ DATE _____

PRINT NAME _____ POSITION/TITLE _____

PERSONAL GUARANTEE

In consideration of Mercedes-Benz of Athens extending credit to applicant:
I/We hereby personally guarantee any and all amounts owed by the above to Mercedes-Benz of Athens.
I/We further agree upon demand I/We shall personally pay all amounts owed by the above to Mercedes-Benz of Athens.
If it becomes necessary to collect any indebtedness incurred as a result of this application through an attorney, or otherwise, I/We agree to pay all costs of collection including a reasonable attorney's fees

PRINT NAME _____ SIGNATURE _____ DATE _____

PRINT NAME _____ SIGNATURE _____ DATE _____