

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date (MM/DD/YYYY)	Terms (Days)	Amount Requested (US\$)

Section 1**BUSINESS APPLICANT / COMPANY INFORMATION**

<input type="text"/>		<input type="text"/>
Company Name		Years in Business
<input type="text"/>	<input type="text"/>	
Legal Name	DUNS Number	
<input type="text"/>	<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
Business Activity		
<input type="text"/>	<input type="text"/>	
TAX ID	How Many Branches the Company has?	
<input type="text"/>		
Physical Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Country
<input type="text"/>	<input type="text"/>	
Zip / Postal Code	Primary Phone	
<input type="text"/>	<input type="text"/>	
Fax Number	E-mail	

COMPANY'S SHAREHOLDERS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	% of Shares	Primary Phone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	% of Shares	Primary Phone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	% of Shares	Primary Phone	E-mail

LEGAL REPRESENTATIVE

<input type="text"/>	<input type="text"/>
Name	Title
<input type="text"/>	<input type="text"/>
Primary Phone	Fax Number
<input type="text"/>	<input type="text"/>
Cell Phone	E-mail

Section 2**REFERENCES / BANKING REFERENCES** (Bank References Must Be in Writing)**REFERENCE 1**

<input type="text"/>	<input type="text"/>		
Bank Name	Account(s) #		
<input type="text"/>			
Physical Street Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Country	Zip / Postal Code
<input type="text"/>	<input type="text"/>		
Account Manager	Primary Phone		
<input type="text"/>	<input type="text"/>		
Fax Number	E-mail		

REFERENCE 2

<input type="text"/>	<input type="text"/>		
Bank Name	Account(s) #		
<input type="text"/>			
Physical Street Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Country	Zip / Postal Code
<input type="text"/>	<input type="text"/>		
Account Manager	Primary Phone		
<input type="text"/>	<input type="text"/>		
Fax Number	E-mail		

Section 3**REFERENCES / CREDIT REFERENCES****REFERENCE 1**

<input type="text"/>	<input type="text"/>	
Company Name	Contact Person	
<input type="text"/>		
Physical Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Country
<input type="text"/>	<input type="text"/>	
Zip / Postal Code	Primary Phone	
<input type="text"/>	<input type="text"/>	
Fax Number	E-mail	

Section 3**REFERENCES / CREDIT REFERENCES****REFERENCE 1**

<input type="text"/>	<input type="text"/>
How Many Years in Business with this Company	Credit Amount (US\$)

REFERENCE 2

<input type="text"/>	<input type="text"/>	
Company Name	Contact Person	
<input type="text"/>		
Physical Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Country
<input type="text"/>	<input type="text"/>	
Zip / Postal Code	Primary Phone	
<input type="text"/>	<input type="text"/>	
Fax Number	E-mail	
<input type="text"/>	<input type="text"/>	
How Many Years in Business with this Company	Credit Amount (US\$)	

REFERENCE 3

<input type="text"/>	<input type="text"/>	
Company Name	Contact Person	
<input type="text"/>		
Physical Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Country
<input type="text"/>	<input type="text"/>	
Zip / Postal Code	Primary Phone	
<input type="text"/>	<input type="text"/>	
Fax Number	E-mail	
<input type="text"/>	<input type="text"/>	
How Many Years in Business with this Company	Credit Amount (US\$)	

Section 4**SIGNATURE(S) / SIGNATURE(S) OF APPLICANT(S)****IMPORTANT - PLEASE READ CAREFULLY**

The undersigned is authorized on behalf of the applicant to make this application and accepts said Terms and Conditions.

We hereby authorize Everwell Parts, Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement. If I am proprietor (owner), I also authorize and consent to the collection, use and disclosure of any credit or other personal information about me at any time, from, to or with any credit bureau, reporting agency or credit grantor for the purpose of assessing my present and on-going credit-worthiness in connection with this application. Everwell Parts, Inc. will conform to the prevailing privacy legislation.

We agree to inform Everwell Parts, Inc. within 10 days in writing, of any material changes including but not limited to name, address, business status or ownership.

We agree that a properly executed facsimile-transmitted credit application shall be of the same force and effect as the executed original document.

We agree to reimburse Everwell Parts, Inc. for any legal costs, collection costs and bank charges on returned checks, incurred by Everwell Parts, Inc. in the collection of balances due.

By signing this application, we agree to be bound by the terms of this Credit Application and by the GENERAL TERMS AND CONDITIONS OF SALE attached hereto.

Please, forward to us (info@everwellparts.com) the following documents:

1. Credit Application Form
2. Last Financial Company Statement.
3. Company Legal Registration Documents.

Owner / Authorized Individual Here

Date (MM/DD/YYYY)

Signature(s)