



Credit Application

Return completed application to:

Office Use Only

Amt Approved \$ _____
 Plant Approval _____
 Date _____

Sumter County Board of County Commissioners
 Name of Firm or Individual (Public Works)

319 E. Anderson Avenue
 Street Address

P.O. Box
Bushnell, FL 33513
 City, State, ZIP
352-793-0240 **352-793-0247**
 Telephone Number FAX Number

E-Mail _____

59-6000865
 Social Security or Federal I.D. Number

Resident Address _____

P.O. Box _____

City, State, ZIP _____

Telephone Number _____ FAX Number _____

E-Mail _____

Type of Business county government No. of Yrs in Business _____ Is Business Incorporated? []Yes []No

ALL APPLICANTS ARE REQUESTED TO SUPPLY THE FOLLOWING CREDIT INFORMATION AS FULLY AND ACCURATELY AS POSSIBLE. ADDITIONAL INFORMATION OR DETAILS MAY BE REQUESTED BY WINGFOOT.

CREDIT REFERENCES:

NAME	CITY, STATE	TELEPHONE	FAX
Cindy Chevrolet	Wildwood, FL	352-748-1122	352-748-1904
NAPA	Bushnell, FL	352-793-3545	352-793-2171
Evans (Ace Hardware)	Bushnell, FL	352-793-4301	352-793-2589
Ernie Morris	Bushnell, FL	352-793-2745	352-793-2778

BANK REFERENCE:

NAME	ACCOUNT NO.	OFFICER'S NAME	CITY, STATE	TELEPHONE
SunTrust	0416500006854	Adam Horn	Atlanta, GA	404-588-7711

Have you ever filed bankruptcy or had legal collection action taken against you? []Yes [x]No

If "yes" give details: Chapter [] Date _____ Current Status _____

READ CAREFULLY BEFORE SIGNING: I/We certify the foregoing information has been supplied truthfully, accurately and voluntarily and therefore authorize Wingfoot to investigate my/our credit worthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors.

I/We further understand that payment terms are NET ⁴⁵ (unless otherwise indicated on invoice), and I/we agree to make payment promptly in accordance with terms.

It is fully understood by the applicant and each maker, surety or endorser here on this application that each jointly and severally waives grace, demand, presentment, notice, protest and consents that time of payment may or may not be extended without notice. The credit applicant herein indicated fully agrees to pay ~~interest~~ finance charges ~~not to exceed 9% annually~~ as stipulated ~~in this invoice~~. It is specifically agreed and stipulated that if this matter consisting of unpaid charges supported by invoice and accrued ~~interest~~ charges is placed in the hands of an attorney or any other party for collection, or collected through suit, probate or bankruptcy proceedings, ~~we jointly and severally agree to pay any and all reasonable fees, attorney's fees and costs as may be incurred in connection with the principal and interest due at the time of payment or the proceeds and interest on the~~ **the prevailing party in any litigation arising from this contract shall recover from the losing party reasonable attorney fees. Should a suit be instituted, the undersigned consents to venue being in Sumter County, FL.**

 Typed or Printed Name Authorized Signature Title

Billing address if different:

Contact should any bookkeeping problems arise:

Street address or P.O. Box

Callie Bryant

Name

City/State/ZIP

352-793-0240 X-2434

Phone Number / Ext.

Will P.O. Number be required for each order? Yes No

If yes: Contact name: Ralph Eldridge

Phone Number / Ext. 352-793-0240 X-2420

Other billing requirements (truck number, trailer number, etc.) CC#

Will account be tax exempt? Yes No If yes, certificate "must" be attached.

OFFICE USE ONLY

Please complete the following information for customer setup:

Recap Requirements: Recap turn days _____

Max section repair _____

Max nail repair _____

Allow downgrade _____ (Y/N - If Y notate tread in special instructions)

Scrap or RAR _____

Print W. O. _____

Print repairs _____

Print brand _____

Day of week tires are delivered to customer _____

Price column for retreads _____

Salesman's ID _____

Estimated monthly sales _____