

# NAPA AUTO PARTS - APPLICATION FOR CREDIT

IN

DC: JACKSONVILLE

Store Group Name: 035 OCALA/JACKSONVILLE COJ

Serving Store # \_\_\_\_\_

Please Print

Parent Company Name <u>Sumter County Board of County Commissioners</u>			
D/B/A (Show Company Local Business Name) <u>Sumter County Animal Control Services</u>		Date Business Started (MY) _____	
Billing Street - Address <u>819 CR 529 Lake Panasoffkee</u>		City _____	State <u>FL</u>
Zip + 4 <u>33538</u>		Fax # <u>(352) 689-4491</u>	
Contact Regarding Payment Telephone No. <u>352-689-4490</u>		Name <u>Brenda Schback</u>	Title <u>Finance Coord.</u>
Ship To Street Address (If Different From Billing Address) <u>209 N. Florida St.</u>		City <u>Bushnell</u>	State <u>FL</u>
Zip + 4 <u>33513</u>		Business Property is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	
Company Organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> Government <input type="checkbox"/> Other		Telephone # _____	
Corporation's Local Manager or Representative (Name) _____			
Corporate Officers or Partner's (Name and Home Address)			
1	_____	Home <input type="checkbox"/> Own <input type="checkbox"/> Rent	_____
2	_____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	_____
Proprietorship Owner (Name and Home Address) - Street/City/State/Zip _____			
Proprietorship Nearest Relative Not at Above Address (Name and Address) _____			
Do you have any other existing accounts with Genuine Parts Company?			
Credit References Past and Present - Street Address	City	Account #	Location State Zip + 4
1. <u>Sumter County Transit Anderson Ave</u>	<u>Bushnell</u>	<u>041650006854</u>	<u>FL 33513</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Bank Reference (Bank Name) <u>Sun Trust</u>	Branch _____	Type Account <u>checking</u>	Account # <u>041650006854</u>
Monthly Purchase Volume \$ _____	Loan Officer <u>Adam Horn</u>		Will you use a purchase order system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Status for Purchases from NAPA Auto Parts <input type="checkbox"/> Taxable <input checked="" type="checkbox"/> Exempt		Exemption Number _____	

### NAPA AGREEMENT

#### (REQUIRES A SIGNATURE FROM AN OFFICER OR OWNER OF BUSINESS)

The undersigned applicant certifies that the information given is correct and complete, and further agrees to permit NAPA Auto Parts/Genuine Parts Company to use this information to obtain additional required credit information. If, after reviewing all credit information, this applicant is approved, it is agreed and understood by the undersigned and NAPA Auto Parts/Genuine Parts Company that all purchases made on open account will be **PAID IN FULL** on or before the 20th day of the month following the date of the purchase. No unpaid account will be increased after the 20th day, unless by special agreement. Further, any account which has an unpaid balance at the end of the month in which payment was due will be assessed a finance charge on the unpaid portion at the highest rate allowable by applicable law until such time as the account has been brought current. In the event NAPA Auto Parts/Genuine Parts Company employs an attorney or collection agency to collect any amount due from applicant, then applicant shall be responsible for all costs of collection including (without limitation) attorney's fees, court costs, and any contingency fees paid to a collection agent.

Florida Statute.

No finance charges will be incurred per

#### (REQUIRED)

Authorized Signature Don Burgess Date \_\_\_\_\_  
Sumter County Board of County (REQUIRED) Chairman  
 Company Commissioners Title \_\_\_\_\_

### INDIVIDUAL PERSONAL GUARANTEE

#### (REQUIRED FOR A NEW BUSINESS AND/OR AN OWNERSHIP CHANGE)

I, \_\_\_\_\_ (Print), residing at \_\_\_\_\_ (the Company), for and in consideration of your extending credit at my request to \_\_\_\_\_ as material inducement therefore, hereby absolutely and unconditionally guarantee to NAPA Auto Parts/Genuine Parts Company the due and punctual payment on demand of all debts and liabilities owed to NAPA Auto Parts/Genuine Parts Company by the Company. This guaranty shall remain an unconditional and continuing guaranty of payment, and not of collection. I acknowledge that my liability is primary rather than secondary. I do hereby waive of presentment, demand, protest, dishonor, default and/or nonpayment of such debts and not of any modification or further extension of credit to the Company, to which I hereby consent. I further agree that no failure or delay on the part of NAPA Auto Parts/Genuine Parts Company exercising of its rights hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such rights preclude any other or further exercise of any rights that NAPA Auto Parts/Genuine Parts Company may have under this guaranty, and that my obligations hereunder shall not be subject to any rights of setoff, recoupment, deduction or counterclaim. In the event my obligations herein are collected by or through a third party then NAPA Auto Parts/Genuine Parts Company shall be entitled to recover all costs of collection including attorney fees.

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_