



# Application for Credit

PO Box 1125, Wilkes-Barre, PA 18703  
Toll Free 1-800-724-3506 | Fax 570-825-9669  
credit\_apps@McCarthyTire.com

APPLICANT INFORMATION									
Full Name of Individual or Business Entity		Mailing Address	City	State	Zip Code				
Type of Business Entity (check one): <input type="checkbox"/> C-Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Professional Association <input type="checkbox"/> Non-profit <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other									
Social Security or Federal Tax ID Number		State of Business Entity Formation/Registration		Number of Years in Business Under this Name					
Accounts Payable Contact Person		Phone Number		Fax Number					
Purchase Order: <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address							
OWNERSHIP OF BUSINESS									
Name of Owner:		Phone #: (    )		E-mail:					
Mailing Address:		City:		State:    Zip:					
TRADE REFERENCES									
1. Name of Company:		Phone #: (    )		7 #:					
Mailing Address:		City:		State:    Zip:					
2. Name of Company:		Phone #: (    )		7 #:					
Mailing Address:		City:		State:    Zip:					
3. Name of Company:		Phone #: (    )		7 #:					
Mailing Address:		City:		State:    Zip:					
BANK REFERENCE									
Name of Bank:		Phone #: (    )		E-mail:					
Mailing Address:		City:		State:    Zip:					
JURISDICTION AND VENUE									
<b>YOU ARE HEREBY AGREEING THAT THE COURTS OF PENNSYLVANIA HAVE PERSONAL JURISDICTION OVER YOU.</b> By submitting this Credit Application to our headquarters in Wilkes-Barre, Pennsylvania, and in consideration and exchange for an extension of credit, you agree that all legal disputes or collection actions concerning your account shall be decided by the courts of Pennsylvania, including, but not limited to, the Luzerne County Court of Common Pleas and Magisterial District Court 11-1-02, and shall be adjudicated in accordance with Pennsylvania law, without regard to, or application of, any conflict of law provisions.									
AUTHORIZATION AND AGREEMENT									
The undersigned represents and warrants that the information contained in this credit application is true and correct; that he/she has authority to act on behalf of the Applicant; that the above provision shall be binding upon Applicant if a credit account is approved; that McCarthy Tire Service Company is authorized to make any and all inquiries necessary for action on this credit application; and that McCarthy Tire Service Company is permitted to contact the Trade References and Bank Reference listed above to secure verification information and documentation concerning Applicant's business reputation and financial condition.									
Print Full Name: _____ Title: _____									
Signature: _____ Date: _____									
PERSONAL GUARANTEE									
<b>THIS SECTION MUST BE COMPLETED IF APPLICANT IS A CORPORATION, PARTNERSHIP, COMPANY OR ASSOCIATION.</b> To induce McCarthy Tire Service Company to extend credit to the Applicant, the undersigned ("Guarantor") hereby personally and unconditionally guarantees payment of any sums now or hereafter owed on this account, including finance charges, collection charges, and attorneys' fees. The Guarantor agrees that McCarthy Tire Service Company may proceed directly and solely against him/her to obtain full satisfaction and payment without first exhausting any remedies against the Applicant. The Guarantor further agrees that the above-stated provision concerning jurisdiction and venue shall likewise apply to him/her as Guarantor. This guaranty shall continue in force until revoked in writing, sent by registered or certified mail, which revocation shall be effective seven (7) days after receipt of such written notice, unless a later date is selected by the Guarantor. Such revocation or termination shall not release the Guarantor as to any sum or debt incurred prior to the effective date of the revocation or termination.									
Full Name of Guarantor		Home Address		City		State		Zip Code	
Signature		Date		Social Security Number		Home Phone			
*** FOR MCCARTHY TIRE SERVICE COMPANY USE ONLY ***									
Store # _____		Salesperson: _____			Date of Credit Decision: _____				
<input type="checkbox"/> Credit Request Approved		Initial Credit Limit Approved: \$ _____							
<input type="checkbox"/> Credit Request Denied		Reason for Denial of Credit: _____							