



CREDIT SALES APPLICATION

Office Use Only
APPROVED By _____
CREDIT LIMIT _____

Toll Free 800-637-8473

Phone 303-455-3302
Fax 303-455-2037

Company Information

Company Name _____ Phone _____

Business Address _____

Ship To Address _____

Fax Number _____

Tax Id # _____ Years in Business _____

Email _____ Circle One: Incorporated Partnership LLC DBA Other _____

OWNERS, PRINCIPALS, AND OFFICERS

Name _____ Address _____

Title _____ Phone _____ Social Security Number _____

Name _____ Address _____

Title _____ Phone _____ Social Security Number _____

Name _____ Address _____

Title _____ Phone _____ Social Security Number _____

TRADE REFERENCES

Name _____ Phone _____ Fax _____

Address _____

Name _____ Phone _____ Fax _____

Address _____

Name _____ Phone _____ Fax _____

Address _____

Name _____ Phone _____ Fax _____

Address _____

BANK CREDIT REFERENCE FORM

Date: _____

Bank Reference _____
Address _____

Phone _____
Bank Officer _____

Dear Bank Officer:

We are authorizing the bank to release information about our accounts outstanding, credit line and payments history to Century Tire, Inc. to be used for the establishment of an open account and credit line. This information is to be kept in the strictest of confidence.

Signed: _____
Print Name: _____
Title: _____
Company: _____
Bank Acct. No. _____

Dear Sir/Madam,

The above customer is applying for a credit line with us and has given your bank as a reference. Kindly provide us with the following information and fax this form back to us at fax number (303) 455-2037. Should you have any questions, please call us at telephone number (303) 455-3302.

Date account opened: _____ Average balance maintained: \$ _____
Is this a 3 month, 6 month or 12 month Average? _____
Line of credit (if any): _____ Secured? _____
Credit limit: \$ _____ Amount now owing: \$ _____
Payment habits: _____ NSF checks _____
Overall credit rating: _____

Comments: _____

We assure you that this information will be kept strictly confidential.
Your immediate reply will be very much appreciated.

Sincerely,
Mark Biere, President
Century Tire, Inc.

ACCOUNT AGREEMENT

By submitting the attached Credit Application the undersigned acknowledges a commitment to be bound by all of the terms and conditions contained in this Account Agreement. It is understood that all invoices are due in full, net thirty (30) days, following the invoice statement date, unless otherwise agreed. Any payments made will be applied first toward any costs of collection, then to any accrued interest, with the balance applied to the principal amount outstanding. In the event that any charges are not paid when due, the undersigned agrees to pay interest at the rate of 1.75% per month on any outstanding balance. The undersigned will additionally be responsible for payment to Century Tire, Inc. of all costs incurred in the collection of the account, including reasonable attorney's fees, court costs and witness fees.

This Account Agreement has been entered into at Century Tire, Inc.'s principal place of business which is located in the City and County of Denver, State of Colorado. This Account Agreement shall be construed and enforced in accordance with the laws of the State of Colorado. The undersigned consents to jurisdiction of the State courts located in the City and County of Denver, State of Colorado. Any action or suit concerning this Account Agreement or related matters shall be brought only in State courts with appropriate subject matter jurisdiction sitting in the City and County of Denver, State of Colorado. The undersigned acknowledges and agrees that he/she/it will not raise in connection therewith, and hereby waives, any defenses based upon venue, inconvenience of forum, lack of personal jurisdiction, or the like in any action or suit brought in accordance with the foregoing.

The undersigned represents that the information contained in the Credit Application and this Account Agreement is true, complete and accurate. The undersigned authorizes verification of the information contained therein, and herein, by Century Tire, Inc. The undersigned personal guarantor authorizes Century Tire, Inc. to determine the personal guarantors creditworthiness from time to time. Furthermore, the undersigned attests to the financial responsibility, ability and willingness to pay the invoices of Century Tire, Inc. in accordance with the terms and conditions set forth above.

Date: _____

Name of Company/Applicant

By: _____

Print Name: _____

Title: _____

PERSONAL GUARANTY

The undersigned hereby personally guarantees to Century Tire, Inc. the full and prompt payment, performance and discharge by the Company/Applicant listed above of each and every provision, condition and term of this Account Agreement. The failure of Century Tire, Inc. to exercise any rights or remedies it may have against the above-named Company/Applicant shall in no way impair this obligation, and the liability of the undersigned is and shall be direct and in all respects unconditional. The undersigned acknowledges that a separate action or actions for payment, damages or performance may be brought against the undersigned, whether or not an action is brought against Company/Applicant, whether or not Company/Applicant is joined in any such action or actions, and whether or not notice is given or demand is made upon the undersigned.

Print Name: _____

Date: _____