

LEGAL BUSINESS NAME OR INDIVIDUAL		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
TELEPHONE NO.	CELL PHONE NO.	FAX NO.
FEDERAL I.D. NUMBER OR SS# FOR INDIVIDUAL		RESALE TAX NUMBER (COPY OF CERTIFICATE MUST BE SUBMITTED)
CONTACT NAME		EMAIL ADDRESS
<input type="checkbox"/> C CORPORATION	<input type="checkbox"/> S CORPORATION	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> LL CORPORATION	<input type="checkbox"/> LL PARTNERSHIP

COMPANY HISTORY	
HOW LONG IN BUSINESS?	OWN OR LEASE PROPERTY?
ESTIMATED ANNUAL SALES	AMOUNT OF CREDIT REQUESTED?

OWNER INFORMATION		
NAME (LIST ALL PARTNER'S INFORMATION - USE A SEPARATE SHEET IF NECESSARY. ALL PARTNERS MUST SIGN CREDIT APPLICATION)		
HOME ADDRESS		
CITY, STATE, ZIP CODE		
TELEPHONE NO.	CELL PHONE NO.	FAX NO.
SOCIAL SECURITY NO.	OWNER SIGNATURE	IS PO REQUIRED?

BANK REFERENCE	
BANK NAME	
BANK ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER	BANK CONTACT NAME

TRADE REFERENCES	FOR OFFICE USE:
NAME	Spoke to:
ADDRESS	Open Terms
CITY, STATE, ZIP CODE	High Balance:
TELEPHONE NUMBER	Rating:
NAME	Spoke to:
ADDRESS	Open Terms
CITY, STATE, ZIP CODE	High Balance:
TELEPHONE NUMBER	Rating:
NAME	Spoke to:
ADDRESS	Open Terms
CITY, STATE, ZIP CODE	High Balance:
TELEPHONE NUMBER	Rating:

Authorization is hereby granted to Group 1 Automotive to obtain a standard factual data credit report through a credit reporting agency chosen by Group 1 Automotive. My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information. Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds Group 1 Automotive and any credit reporting organization harmless in so mailing the copy requested. Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original. The undersigned also authorizes its banks, suppliers, and other persons or entities with whom applicant is doing business or have knowledge of applicant's final affairs, to release Group 1 Automotive information regarding credit applicant's credit history and other financial information regarding applicant. In the event that credit is approved, it is hereby agreed by the undersigned that all invoices are due and payable on the 10th day of each month following the invoice date. All unpaid accounts are subject to a service charge of 18% annum (1 1/2 % per month), with interest to accrue from invoice date until paid, so long as the amount does not exceed the maximum allowable rate by law. I/We understand that credit may be terminated without notice if for any reason it becomes necessary to collect or pursue collection, including but not limited to attorney and legal fees. I/We also personally guarantee any and all liability if for any reason it becomes necessary to collect or pursue collection including attorney and legal fees as a result of this application.

Authorized Signature _____ Title _____ Date _____

FOR OFFICE USE ONLY:	Application: <input type="text"/>	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Credit Line: \$ _____
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Store # _____