NEW ACCOUNT/CREDIT APPLICATION

Zamp Inc.
251 NW 13th Place Suite 120
Meridian, ID 83642
Tel: (208) 506-3030 Toll-Free Tel: (866) 842-9267
Fax: (208) 506-3031 Toll-Free Fax: (866) 842-2241
support@zamp-racing.com

Resale #

Retail Company Name:	Telephone:	Fax:
Bill to address:	Ship to address:	
Buyer:	Telephone:	Email:
AP Contact:	Telephone:	Email:

TYPE of Retailer:

Franchise Dealer ☐ Accessory DEALER ☐ Mail ORDER / Internet ☐

BUSINESS TYPE:

Corporation ☐ Limited Liability Company ☐ Partnership ☐ Sole-Proprietor ☐

HOW LONG IN BUSINESS: Is Building Owned? ☐ or Leased? ☐

Name of Officers or Principals:	Title:	Social Security Number:

Bank References (name and account):	Contact:	Telephone:

Payment Terms Preferred

(Complete only Page 1 if Credit Card or PrePaid)

☐ Open Account Requested Credit Limit: $ ☐ COD

Open Account Customers must fill out 3 Page Detailed agreement

☐ Visa/Mastercard Card Number: Expiration:

Billing Address for CC:

Trade References: (Must be completed for Open Account Terms)	Contact:	Telephone and Fax

Note: To permit the fairest evaluation of your company, our credit department requests you fill application out complete.

Retailer warrants to Zamp that the above information (including attachments) is complete, true and accurate. Retailer agrees that a representative of Zamp may contact any person(s) named above for verification of facts about Retailer. Retailer agrees to make payments in accordance with the terms of the invoice or be subject to forfeiture of trade discounts. Interest will be added to past due invoices at a rate of 1.5% per month of any unpaid balance. If payment is returned to Zamp due to insufficient funds, Retailer will be responsible for 5% of the check or $25.00 (whichever is greater). In case it becomes necessary for Zamp to retain the service of an attorney to assist in the collection of any amount past due, Retailer agrees to pay Zamp's reasonable attorney's fees and court costs.

Signature (please print out form once complete and sign) Print Name Date

Print Form

Zamp Inc.
2574 S Beverly St, Ste 100
Boise, ID 83709
Toll-Free: (866) 842-9267; Toll-Free Fax (866) 842-2241

Zamp Use
Date Approved

Approved by

Credit Agreement

Business Name | Line of Credit Requested $

Phone | Fax

Address | For past ____ years

Shipping Address

d/b/a | Federal Tax ID #

Former Business Address (if applicable)

Type of Business | Date Established | How long in business?

Mortgage holder/Landlord Name

Address | Phone | Fax

Does State, County or City Require a License? | License #

OWNERSHIP: Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐

PRINCIPAL (Name) (Title) (SS#)

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TRADE REFERENCES

#1: Name | Phone | Fax
Address

#2: Name | Phone | Fax
Address

#3: Name | Phone | Fax
Address

#4: Name | Phone | Fax
Address

BANK REFERENCES

#1: Name | Phone | Fax
Contact | Address

#2: Name | Phone | Fax
Contact | Address

No of employees | Est. Annual Sales | Sales Territory

Credit Agreement

Has the firm or any of its principals ever been Bankrupt? _____

If yes, explain _____

Any misrepresentation in this Credit agreement will be considered evidence of fraud since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed on invoice and Sales orders and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees (whether or not litigation has commenced), and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Print Form And Complete This Section With Pen

_____

(Print Full Business

(Print	(Title	(Signature &
(Print	(Title	(Signature &

PERSONAL GUARANTY

In consideration for **Zamp** extending credit to the business identified above for any materials and/or services after this date at the request of applications or its agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of any sums now or hereafter owed to **Zamp** by the business identified above, whether said sums are due under open account, contract or otherwise.

It is understood and agreed that the credit, if extended, is to be on a continuing basis and may exceed the estimated maximum credit limit required as stated in the credit agreement between **Zamp** and the business identified above. Furthermore, **Zamp** shall not be obligated to notify the undersigned of the dates or amounts of any such credit, and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by **Zamp.**

This Guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt required is received by **Zamp**. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date _____ Name _____

(Name of person guaranteeing payment, **NO TITLE...Pres, VP, Owner etc**)

Home Address _____

Home Phone _____ SS# _____

_____

Signature of individual guaranteeing payment (Print out and sign with pen) Name of business whose account is guaranteed _____

For internal purposes only-please do not write in this

Line of Approve Denie Date: _____

Amount $_____

CREDIT RELEASE AUTHORIZATION

For the purpose of obtaining merchandise on credit, I

authorize Bank Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Account Number: _____

To release credit information to:

Zamp

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes and releases all banks, businesses and persons identified on this agreement to furnish any and all information requested by Zamp or its representatives by telephone or written correspondence. The undersigned also consents to Zamp of information gathered during the verification.

Any misrepresentation in this Credit Agreement will be considered evidence of fraud since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

As an inducement to grant credit, the undersigned agrees to grant the right to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

Print Form And Complete This Section With Pen

_____ _____

(Signature) (Print Name)

_____ _____

(Title) (Date)

_____ _____

(Signature) (Print Name)

_____ _____

(Title) (Date)

Print Form