



NORTHWEST TIRE INC.

LOCATIONS:

BISMARCK, ND MINOT, ND BEMIDJI, MN
 BOWMAN, ND JAMESTOWN, ND MINNEAPOLIS, MN
 DICKINSON, ND MANDAN, ND SIOUX FALLS, SD
 FARGO, ND GRAND FORKS, ND MASON CITY, IA

PO BOX 6247
 1615 BISMARCK EXPRESSWAY
 BISMARCK ND 58506-6247
 (701) 221-9600
 FAX: (701) 224-7299

APPLICATION FOR CREDIT

Date: _____

Sales #: _____ LOC: _____ Route Code: _____

Estimated Purchases: Monthly: _____ Yearly: _____

Firm Name _____ Contact Person _____

Street Address _____ PO Box _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Would you like your monthly statement emailed? (Yes) (No) Email address: _____

Type of Firm (check one) Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

Date Business Founded _____ How long at present location _____

If at present location less than 3 years, enter previous location _____

State sales tax exemption number _____ (Attach tax exemption certificate)

Federal ID# _____

If incorporated, name of state in which incorporated and date incorporated _____

Financial statement attached: Yes _____ No _____ If no, explain: _____

Description of business _____

Trucking Company: Number of Trucks / Trailers: _____

Is your building owned or leased? _____ If leased, from whom? _____

INFORMATION ON OWNER(S) OR PRINCIPAL OFFICERS:

Title _____ Name _____ Telephone (_____) _____

Address _____ Social Security # _____

Title _____ Name _____ Telephone (_____) _____

Address _____ Social Security # _____

Title _____ Name _____ Telephone (_____) _____

Address _____ Social Security # _____

Have any of the above been in other businesses? _____ If so, under what name? _____

I/WE HAVE SUPPLIED THE INFORMATION, AND I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

This agreement, and all rights and obligations of the parties hereto shall be governed by the laws of the State of North Dakota. Buyer agrees that said contract is not deemed accepted until approval has been rendered by Seller's credit office in Bismarck, ND. I certify the information given is correct and understand it will be kept confidential. The undersigned authorizes the named credit references and bank reference to provide Northwest Tire Inc. with any credit or financial information it requests; and authorizes Northwest Tire Inc. to contact and obtain information from credit reporting agencies. I further understand my monthly account is a NET charge. All invoices are due by the 10th of the following month unless special terms are noted on purchase order, order blank or invoice. I/We hereby agree to pay reasonable collection costs, attorney's fees and court costs, if necessary, to collect any unpaid bills; and agree to pay a finance charge of one and one-half percent (1 1/2%) per month on past due moneys. Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with our terms.

Signature: _____ Title: _____ Date: _____

CREDIT REFERENCES

BANK REFERENCES:

Name of Bank & Branch _____ Telephone (_____) _____
Address _____ Fax Number (_____) _____
City _____ Officer to Contact _____ Checking acct. # _____

TRADE REFERENCES:

Name _____ Telephone (_____) _____
Address _____ Fax No. (_____) _____
City _____ State _____ Zip _____

Name _____ Telephone (_____) _____
Address _____ Fax No. (_____) _____
City _____ State _____ Zip _____

Name _____ Telephone (_____) _____
Address _____ Fax No. (_____) _____
City _____ State _____ Zip _____

PERSONAL GUARANTEE

1. For value received, the undersigned, herein called guarantors, jointly and severally, unconditionally guarantee and promise to pay to Northwest Tire Inc., 1615 Bismarck Expressway, Bismarck, ND 58504, or any of its affiliates, successors or assigns, herein called "Seller", any indebtedness incurred on or after _____, 20_____, by (your company name)_____ herein called "Buyer", by reason of the purchase from Seller of all tires, wheels, and accessories purchased from Northwest Tire Inc. or any of its affiliates, successors or assigns.

2. Guarantors understand and agree that this is a continuing guaranty, and until revoked as provided for in this instrument, shall cover all future indebtedness arising under successive transactions that shall either continue the liability of principal or from time to time renew it after it has been satisfied.

3. This guaranty shall terminate on delivery to and acceptance by Seller, at the address set forth above, of notice of termination effective as to any and all indebtedness incurred or created by Buyer from and after such delivery of notice of termination. Termination of personal guaranty may, at Seller's discretion, affect the amount of or the ability to obtain credit with the Seller. Seller's acceptance is effective upon a written reply notice to Buyer.

Principals

Name: _____ SS#: _____

Signature: _____ Date of Birth: _____

Name: _____ SS#: _____

Signature: _____ Date of Birth: _____

*Note: Spouse must sign in sole owner or partnership applications in which spouse's income is a determining factor in providing credit.

FOR OFFICE USE ONLY

Credit Rating _____ Approved by _____
Credit Limit _____ Date Approved _____

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate for your records.

This is a multi-state form. Not all states allow all exemptions listed on this form. **Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale.** The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multi-state Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3. Please print

Name of purchaser _____			
Business address _____	City _____	State _____	Zip code _____
Purchaser's tax ID number _____	State of issue _____	Country of issue _____	
If no tax ID number Enter one of the following:	FEIN _____	Driver's license number/state issue ID number State of issue: _____ Number _____	Foreign diplomat number _____
Name of seller from whom you are purchasing, leasing or renting _____			
Seller's address _____	City _____	State _____	Zip code _____

4. Type of business. Check the box that describes your business.

- | | |
|--|--|
| <input type="checkbox"/> Accommodation and food services
<input type="checkbox"/> Agricultural, forestry, fishing, hunting
<input type="checkbox"/> Construction
<input type="checkbox"/> Finance and insurance
<input type="checkbox"/> Information, publishing and communications
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Mining
<input type="checkbox"/> Real estate
<input type="checkbox"/> Rental and leasing
<input type="checkbox"/> Retail trade | <input type="checkbox"/> Transportation and warehousing
<input type="checkbox"/> Utilities
<input type="checkbox"/> Wholesale trade
<input type="checkbox"/> Business services
<input type="checkbox"/> Professional services
<input type="checkbox"/> Education and health-care services
<input type="checkbox"/> Nonprofit organization
<input type="checkbox"/> Government
<input type="checkbox"/> Not a business
<input type="checkbox"/> Other (<i>explain</i>) _____ |
|--|--|

5. Reason for exemption. Check the box that identifies the reason for the exemption.

- | | |
|---|---|
| <input type="checkbox"/> Federal government (<i>department</i>) _____
<input type="checkbox"/> State or local government (<i>name</i>) _____
<input type="checkbox"/> Tribal government (<i>name</i>) _____
<input type="checkbox"/> Foreign diplomat # _____
<input type="checkbox"/> Charitable organization # _____
<input type="checkbox"/> Religious or educational organization # _____
<input type="checkbox"/> Resale # _____ | <input type="checkbox"/> Agricultural production # _____
<input type="checkbox"/> Industrial production/manufacturing # _____
<input type="checkbox"/> Direct pay permit # _____
<input type="checkbox"/> Direct mail # _____
<input type="checkbox"/> Other (<i>explain</i>) _____ |
|---|---|

6. Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser	Print Name Here	Title	Date
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