



ATLANTIC WHOLESALERS WEST INC.

Auto Accessories Manufacturer, Importer and Distributor

4614 WHITTIER BLVD, LOS ANGELES CA 90022 TEL:562-912-1367 FAX:562-6672172 EMAIL: SALES@DELTAWHEEL.COM

(All information is strictly confidential)

COMPANY INFORMATION

Company Name: _____ Business Phone#: _____ Fax#: _____
Billing Address: _____
Form: [] Proprietorship [] Partnership [] Corporation [] Other: _____
How Many Years In Business: _____ If Corporation, Date Incorporated: _____
How Many Years at this Addr.: _____
If less than 2 years please provide Previous Addr.: _____
In What State Incorporated: _____ Name of Parent Company, If Subsidiary: _____
Number of Employees: _____
Annual Sales Volume: [] \$101-\$250K [] \$251-\$500K [] \$501-\$1,000K [] \$1,000K+

OWNERSHIP INFORMATION - Name of Owners, Partners or Officers

Name: _____ Title: _____
Home Address: _____
City: _____ State: ca _____ Zip Code: _____
Business Phone#: _____ Home Phone#: _____
If Additional Owners, Partners or Officers, Please Attach Another Page.

All statements made herein are true and accurate to the best of our knowledge. We authorize Atlantic Wholesalers West, Inc. to make any and all inquiries necessary for action on this credit application. We hereby indemnify Atlantic Wholesalers West, Inc. from any liability resulting from their survey.

In consideration of the extension of credit by Atlantic Wholesalers West, Inc. to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice. We agree that AWWI shall retain a purchase money security interest in all merchandise purchased by us until payment in full has been received by AWWI. We further agree that if the merchandise ordered by us or any other designated person shall remain unpaid past the invoice due date, any balance so remaining unpaid shall bear interest at the lesser rate of 1 1/2 percent per month or the maximum rate permitted by applicable law, until paid. In the event that any suit or action is instituted to collect amount due on our account, whether principle or interest or both, we agree to pay, in addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney's fees.

GUARANTY AGREEMENT

GUARANTY given by the undersigned (the "GUARANTOR"), to ATLANTIC WHOLESALERS WEST, INC., a California Corporation (AWWI), in order to induce AWWI to extend credit to or otherwise become the creditor of the above named company (the "Borrower").

The Guarantor hereby unconditionally guarantees to Atlantic Wholesalers West, Inc., for its benefit and for the benefit of its successors, endorsees, transferees, and assigns, the full and punctual payment when due (whether at stated maturity, by acceleration or otherwise), of all indebtedness, obligations and liabilities of the Borrower to AWWI, now existing or hereafter incurred, whether for principal, interest, fees, expenses or otherwise, together with all renewals, modifications, consolidations and extensions thereof (all such indebtedness, obligations and liabilities being herein called the "Obligations"). The Guarantor further agrees to pay any and all expenses which may be paid or incurred by AWWI in collecting any or all of the Obligations and/or enforcing any rights under this Guaranty Agreement or under the Obligations. This is a continuing guaranty. If Borrower shall fail to pay any Obligation when due in accordance with its terms (whether at stated maturity, by acceleration or otherwise), the Guarantor shall forthwith on demand of AWWI pay to AWWI the amount of such Obligations at AWWI principal place of business.

This is a guarantee of payment and not of collection, and the obligations of the Guarantor hereunder are unconditional and absolute.

Dated This _____ Day Of _____, 20 _____
Signature _____
Print Name _____
Title _____

MUST BE SIGNED BY OWNER, PARTNER OR OFFICER LISTED IN OWNERSHIP SECTION ABOVE
If Borrower is a Corporation, this form MUST be signed by a corporate Officer.

ALL RETURNED CHECKS WILL BE ASSESSED A \$25 CHARGE AND ACCOUNT WILL AUTOMATICALLY BE PUT ON C.O.D. CERTIFIED CHECK STATUS

ORDER INFORMATION CREDIT AMOUNT REQUESTING: \$ _____

Are written Purchase Orders Required? _____
 Accounts Payable Contact Person: _____
 Phone#: _____
 Resale Number: _____
 Terms are: Net 10 15 30 45 days from Invoice Date. No Statement will be Sent.

BANK INFORMATION - Required For All Applicants * (Please continue on page 3)**

Bank Name: _____ Account Number: _____
 Address: _____ Contact Officer: _____
 City: _____ Phone#: _____
 Branch: _____ Years With This Bank: _____

If less than 2 years please provide Previous Bank Info:

Bank Name: _____ Account Number: _____
 Address: _____ Contact Officer: _____
 City: _____ Phone#: _____
 Branch: _____ Years With This Bank: _____

TRADE REFERENCES * (Please continue on page 4)**

A minimum of three vendors are needed to process this application. List only those where you have net 30 terms. If you are unable to submit three, please explain in the space provided below. If you are requesting an account balance of over \$5,000.00, then your most recent company financial statement must be included.

1. Name: _____ Phone#: _____ Fax#: _____
 Address: _____ Account Number: _____
 Terms: _____ Credit: _____
2. Name: _____ Phone#: _____ Fax#: _____
 Address: _____ Account Number: _____
 Terms: _____ Credit: _____
3. Name: _____ Phone#: _____ Fax#: _____
 Address: _____ Account Number: _____
 Terms: _____ Credit: _____
4. Name: _____ Phone#: _____ Fax#: _____
 Address: _____ Account Number: _____
 Terms: _____ Credit: _____

Comments: _____

Do the principals of your company or any of their relatives work for or have ownership of the above listed trade references or banks? Yes No

If yes, please explain _____

