



44 Tunkhannock Ave • Exeter, PA 18643  
 Phone: 1-800-432-8063  
 E-mail: NewAccountsSeawide@lkqcorp.com

## CUSTOMER APPLICATION & CREDIT AGREEMENT

Part A of this application is intended for creating a customer account with Keystone Automotive Operations. If you would like to apply for any Terms other than Prepaid Credit Card, please complete the Credit Information Section in Part B, page 2.

**\*\*BOTH PAGES of the Application MUST BE SUBMITTED with signature for the Application to be processed.**

|   |   |  |
|---|---|--|
| <b>Reason for Account Application:</b><br><b>(Select One):</b>  | <input type="checkbox"/> New Customer                               | <input type="checkbox"/> *Current Customer Requesting Change in Credit Terms |
| <input type="checkbox"/> * Please note your existing Customer # _____   | <input type="checkbox"/> * Additional Location for Existing Account | <input type="checkbox"/> * New Ownership of Existing Account                 |
| <b>Check Payment Terms Requested:</b>   | <input type="checkbox"/> Prepaid Credit Card                        | <input type="checkbox"/> COD   |
|   | <input type="checkbox"/> Monthly Terms                              | <input type="checkbox"/> Bi-Weekly Terms                                     |
|   | <input type="checkbox"/> Weekly Terms                               |  |
| <b>Do you intend to export products purchased from KAO, or do you know that the product is intended for export?</b> | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |

### PART A - COMPANY INFORMATION *(Required)*

|                                     |  |                                     |                                     |  |   |   |                                     |
|-------------------------------------|--|-------------------------------------|-------------------------------------|--|---|---|-------------------------------------|
| <b>GENERAL BUSINESS INFORMATION</b> | Business Name (Full Legal Name): _____ |                                     |                                     |  |   |   |                                     |
|                                     | D/B/A or Trade Name (if any): _____    |                                     |                                     |  |   |   |                                     |
|                                     | Shipping Address: _____                |                                     |                                     |  |   |   |                                     |
|                                     |  |                                     |                                     | City   | State/Province                          | Zip/Postal Code                             |                                     |
|                                     | Billing Address: _____                 |                                     |                                     |  |   |   |                                     |
|                                     |  |                                     |                                     | City   | State/Province                          | Zip/Postal Code                             |                                     |
|                                     | ( ) _____                              |                                     | ( ) _____                           |  |   |   |                                     |
|                                     | Primary Phone #                        | Secondary Phone #                   | Primary Email                       |  | Secondary Email                         |   |                                     |
|                                     | Website Address: _____                 |                                     |                                     |  |   |   |                                     |
|                                     | Business Type (check all that apply):  |                                     |                                     | <input type="checkbox"/> Storefront          | <input type="checkbox"/> E-Commerce     | <input type="checkbox"/> Installer          | <input type="checkbox"/> Dealership |
| GST #: _____                        |  | PST #: _____                        |                                     | HST or QST #: _____                          |   |   |                                     |
| \$ _____                            | \$ _____                               | _____                               |                                     | _____  | _____                                   |   |                                     |
| Annual Revenue                      | Expected Monthly Purchases             |                                     | # of Employees                      | # of Install Bays                            | Estimated Square Footage                |   |                                     |
| Primary Business Focus:             | <input type="checkbox"/> Fresh Water   | <input type="checkbox"/> Salt Water | <input type="checkbox"/> Boat Sales | <input type="checkbox"/> Personal Watercraft | <input type="checkbox"/> Marina/Storage | <input type="checkbox"/> Marine Electronics |                                     |
| _____                               | ( ) _____                              | ( ) _____                           | _____                               |  |   |   |                                     |
| Authorized Buyer Name(s)            | Buyer Phone #                          | Buyer Fax #                         |                                     | Buyer Email                                  |   |   |                                     |
| _____                               | ( ) _____                              | ( ) _____                           | _____                               |  |   |   |                                     |
| Accounts Payable Contact(s)         | Accounts Payable Phone #               | Accounts Payable Fax #              |                                     | Accounts Payable Email                       |   |   |                                     |

|                      |  |       |       |       |                |                |  |
|----------------------|--|-------|-------|-------|----------------|----------------|--|
| <b>OWNERSHIP</b>     | Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> L.L.C <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation |       |       |       |                |                |  |
|                      | _____  |       | _____ |       | ( ) _____      | _____          |  |
|                      | Name of Principal(s)   |       | Title |       | Phone          | % of Ownership |  |
|                      | _____  |       | _____ |       | ( ) _____      | _____          |  |
| Name of Principal(s) |  | Title |       | Phone | % of Ownership |                |  |



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## CUSTOMER APPLICATION & CREDIT AGREEMENT

### **PART B - REQUEST FOR CREDIT** *(Required only if applying for terms other than Prepaid Credit Card)*

Information provided in the Credit Application Section will be used by LKQ Corporation and/or one of its subsidiaries or affiliates ("LKQ") solely for the purpose of extending credit. Attach a separate sheet with additional information if necessary.

|                         |                                      |          |                          |                                |                                |
|-------------------------|--------------------------------------|----------|--------------------------|--------------------------------|--------------------------------|
| <b>HISTORY</b>          | Facilities:                          | Rent     | Own                      | _____                          | _____                          |
|                         |                                      |          |                          | Business Owned Since           | # of Years at Present Location |
|                         | Have You Ever Filed for Bankruptcy?: |          |                          | Yes                            | No                             |
|                         |                                      |          |                          | Is Your Business a Franchise?: | Yes      No                    |
| <b>BANK REFERENCE</b>   | Bank Name                            |          | Complete Address         |                                | Business Account Type:         |
|                         |                                      |          |                          |                                | _____ Checking                 |
|                         | Account Manager to Contact           |          | Email                    |                                | _____ Savings                  |
|                         |                                      |          |                          |                                | _____ Overnight Clearing       |
|                         | (      )                             | (      ) | _____                    |                                | _____ Line of Credit Loan(s)   |
|                         | Phone                                | Fax      | Date Account Established |                                |                                |
| <b>TRADE REFERENCES</b> | Business Name                        |          | Contact Name             | (      )                       | (      )                       |
|                         |                                      |          |                          | Phone                          | Fax                            |
|                         | Business Name                        |          | Contact Name             | (      )                       | (      )                       |
|                         |                                      |          |                          | Phone                          | Fax                            |
|                         | Business Name                        |          | Contact Name             | (      )                       | (      )                       |
|                         |                                      |          |                          | Phone                          | Fax                            |
|                         | Business Name                        |          | Contact Name             | (      )                       | (      )                       |
|                         |                                      |          |                          | Phone                          | Fax                            |
|                         | Business Name                        |          | Contact Name             | (      )                       | (      )                       |
|                         |                                      |          |                          | Phone                          | Fax                            |
|                         | Business Name                        |          | Contact Name             | (      )                       | (      )                       |
|                         |                                      |          |                          | Phone                          | Fax                            |
|                         | Business Name                        |          | Contact Name             | (      )                       | (      )                       |
|                         |                                      |          |                          | Phone                          | Fax                            |

### **PART C - PERSONAL GUARANTEE:**

To induce LKQ to extend credit to the above Applicant, the undersigned ("Guarantor"), hereby guarantees payment of any and all of Applicant's indebtedness to LKQ under this credit agreement or otherwise under applicable law. Any revocation of Applicant's credit privileges shall not affect the guaranty with respect to amounts owed before receipt of the notice of revocation by LKQ. Notices of acceptance, default and nonpayment are hereby waived. This guaranty shall be a continuing and irrevocable guaranty and indemnity for indebtedness of Applicant to LKQ. Guarantor consents to any modification, extension and/or renewal of the credit agreement hereby guaranteed without notice. If the Applicant fails to pay the account when due, LKQ may proceed against Guarantor to collect any and all amounts due from Applicant, without notice to Guarantor and without first proceeding against Applicant. Guarantor agrees that the laws of the State of Illinois shall govern this credit agreement and guaranty, and that any and all disputes arising from or related to this agreement or guaranty shall be litigated exclusively in state or federal court located in Chicago, Illinois, to whose jurisdiction Guarantor irrevocably consents.

Guarantor's Name (Print): \_\_\_\_\_ Guarantor's Signature: \_\_\_\_\_

### **PART D - TERMS & CONDITIONS** *(Required for all applications):*

With its signature below, Applicant (i) certifies that all information contained herein is true and correct and that it is engaged in a commercial activity, (ii) grants permission to LKQ Corporation and its subsidiaries (collectively, "LKQ") to obtain independent credit reports or credit reports and other information from its references and bank, (iii) authorizes the credit references and bank reference(s) to release information to LKQ that may be used to determine credit worthiness, and (iv) agrees to pay all bills, invoices, and account statements rendered in full within ten (10) calendar days after receipt by Applicant. Any past due account is subject to being placed on collect-on-delivery (C.O.D.) until paid in full. Repeated late payments could result in revocation of Applicant's credit privileges, which LKQ may revoke in its sole and absolute discretion. Applicant agrees to pay a service charge of 2.0% per month on balances not timely paid. Applicant also agrees to pay all of LKQ's reasonable fees and expenses incurred in collecting past due balances, including but not limited to LKQ's reasonable attorneys' fees, court costs, litigation expenses, and/or collection agency fees and expenses. This credit agreement and all other agreements and contracts between Applicant and LKQ shall be governed by the laws of the State of Illinois. Any and all disputes arising from or related to this credit agreement shall be litigated exclusively in state or federal court located in Chicago, Illinois, to whose jurisdiction Applicant irrevocably consents.

Date: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS; AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY; WASHINGTON, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact KAO via e-mail at [CreditTeam@LKQCorp.com](mailto:CreditTeam@LKQCorp.com) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.