

Assigned Customer Number

APPLICATION FOR CREDIT

Boxed Area for Internal Use Only

Sales Person: _____	Site/Plant #: _____	Route Number: _____
Salvage: _____	Customer Type: _____	Heavy Truck: _____
New Application: _____	Aftermarket: _____	Customer # (Salvage): _____
\$ Amount Requested: _____	Updated Application: _____	Customer # (Aftermarket): _____
Terms Requested: _____	\$ Amount Granted: _____	Preferred Payment Method: _____
Approved: _____	Terms Granted: _____	Purchase Order #: _____
Tax Exempt: _____	Not Approved: _____	Taxable: _____

Information provided will be used by LKQ Corporation or one of their subsidiaries or affiliates ("LKQ") solely for the purpose of extending credit.

COMPANY INFORMATION:

Name of company applying for credit _____		Check payment terms requested: _____ Credit Card _____ COD company check _____ Monthly terms	
D/B/A or Trade Name (if any) _____		Type of business (check one): _____ Storefront _____ .com _____ Storefront and .com	
Address _____	Years at Present Location _____	PST / HST Number *MUST ATTACH CERTIFICATE*	G.S.T. ID NUMBER _____
City _____	Province _____	Postal Code _____	Resale Certificate # (If applicable) _____ Expiration Date _____

Phone # including area/country code
 (Please do not list a Toll Free Number)

Fax # including area/country code

Cell # including area/country code

GENERAL BUSINESS INFORMATION:

Number of Employees _____	\$ Annual Revenues _____	\$ Expected monthly purchases _____	Check One: () RENT () OWN	Landlord's Name _____ () _____ Landlord's Phone # _____
Authorized Buyer(s) _____	() Phone # for Buyer _____	() Fax # for Buyer _____	Email Address for Buyer _____	
Accounts Payable Contact _____	() Phone # for AP _____	() Fax # for AP _____	Email Address for AP _____	

OWNERSHIP:

Circle one: _____ Partnership _____ Individual _____ U.L.C. _____ Corporation

1. Name(s) of Principal(s) _____	Complete Home Address _____	Home Phone # including area code _____
2. _____	_____	_____
3. _____	_____	_____

BANK REFERENCES:

Preferred Payment Type: _____ Company check/COD or Charge: Complete this box and forward copy of voided check to our office.

Bank Name _____	Complete Address _____
Account Number(s) _____	Date Account Established _____
Type Business Account: _____ Checking _____ Savings _____ Overnight Clearing _____	Line of Credit _____ Loan(s) _____
Bank Account Manager to Contact _____	Phone # (include area code) _____ Fax # (include area code) _____

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TRADE REFERENCES:

Business name and complete address	Contact Name	Phone #	Account #
1. _____	_____	(_____) _____	_____
2. _____	_____	(_____) _____	_____
3. _____	_____	(_____) _____	_____
4. _____	_____	(_____) _____	_____

Note: At least 4 trade references must be provided. Please attach another sheet to include additional references or comments.

PLEASE ATTACH A VOIDED COPY OF YOUR COMPANY CHECK WITH THIS APPLICATION

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 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 10 days after receipt by Applicant. Applicant understands that LKQ may transfer some or all such information outside of Canada to the United States of America in order to establish the appropriate credit. 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 Province of Ontario. Any and all disputes arising from or related to this credit agreement shall be litigated exclusively in a court located in the Province of Ontario, to whose jurisdiction Applicant irrevocably consents.

Date: _____ Company: _____
 Signature: _____ Printed Name: _____
 Title: _____

When complete, please send to: _____ Or E-Fax to: (_____) _____

(Provincial Retail Sales Tax exemption certificate must be attached for exemption purposes.)

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 non-payment 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 Province of Ontario 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 court located in the Province of Ontario, to whose jurisdiction Guarantor irrevocably consents.

Guarantor's Name (Please Print): _____
 Guarantor's Signature: _____

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 LKQ via e-mail at LKQCredit@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.