



200 Holleder Parkway
Rochester, New York 14615-3808
1.800.876.6676
www.monro.com

Shop # _____

GENERAL INFORMATION:

1. Name of Individual or Company Name (d/b/a): _____

2. Legal Name of Company (if same as #1, write "Same"): _____

3. Type of Ownership: Corporation or LLC (State __) Partnership Individual Government Non-Profit

4. Billing Address: _____ Phone # () _____

_____ Fax # () _____

_____ Sales Tax exempt? Yes (attach certificate)

Attn: _____ Number of Vehicles to service _____

5. Location of local branch or division (if same as #4, write "same"):

Street / P.O. Box _____ City _____ State _____ Zip _____

6. Name and residence of owners or principals:

Name _____ Title _____

Address: _____ City _____ State _____ Zip _____

Name _____ Title _____

Address: _____ City _____ State _____ Zip _____

CREDIT REFERENCES:

NAME	LOCATION	ACCOUNT # / CONTACT NAME	PHONE #
Supplier #1: _____			
Supplier #2: _____			
Bank: _____			

I, _____, do hereby authorize _____, bank account # _____ to release information concerning my deposit and/or loan information to the above requestor.

ATTENTION: Commercial/Wholesale Customers Requesting Credit Terms

We are pleased to extend charge account privileges to any qualified customer desiring this convenience. MONRO is committed, however, to maintaining competitive pricing through reduction of all unnecessary operating expenses including account collection costs. Therefore, if this application is approved, be advised that unless an owner or principal of the Company personally signs for completed repair orders, MONRO requires written Purchase Order/Voucher authorization prior to starting any repair work.

By submitting this application, the Company agrees to pay for all invoices on which credit was extended per our terms of Net 30 days from invoice date. Upon the Company's failure to make a timely payment, MONRO may apply the highest allowable monthly finance charge rate to the unpaid balance of the account, and to seek prompt recourse to the fullest extent allowed by law. Further, the Company will be responsible to reimburse MONRO for any and all fees and costs, including attorneys' fees, incurred in the collection of any past due invoice.

Company: _____ Date: _____

Sign: _____ Title: _____

FOR MAIN OFFICE USE ONLY

Reviewed By: _____ Date: _____ Approved



RETURN FAX: (585)340-3757