



44 Tunkhannock Ave • Exeter, PA 18643
 Phone: 570-603-2005
 E-mail: KAOnewcustinfo@LKQCORP.com
 PLEASE FAX BOTH PAGES TO: 570-655-6950

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 _____	Sales Tax Exemption Number and expiration date *MUST ATTACH TAX EXEMPT CERTIFICATE*
City _____	State/Country _____	Zip or Postal Code _____	Fed Tax ID # _____
Telephone (_____) _____		Fax (_____) _____	Cell (_____) _____
Phone # including area/country code (Please do not list a Toll Free Number)		Fax # including area/country code	Dun & Bradstreet # _____

GENERAL BUSINESS INFORMATION:

Number of Employees _____	\$ _____ Annual Revenues/Turnover	\$ _____ 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 _____ L.L.C. _____ Corporation _____ S Corporation		
1. Name(s) of Principal(s) _____	Complete Home Address _____	(_____) Home Phone # (include area/country code)
2. _____		(_____) _____
3. _____		(_____) _____

BANK REFERENCES:

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/country code) _____ Fax # (include area/country 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 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: _____ Company: _____
 Signature: _____ Printed Name: _____
 Title: _____

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

Valid State Resale/Exempt Tax Certificate Form must be attached for Tax Exemption Status.

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 (Please Print): _____
 Guarantor's 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 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.



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EXHIBIT A

LKQ CORPORATION NEW CUSTOMER EXPORT COMPLIANCE QUESTIONNAIRE

LKQ Corporation is committed to complying with all export laws of the United States. In furtherance of that goal, we require customers to complete this questionnaire. We will treat the responses as confidential and disclose them only as required by law. Please respond fully to each question and mark any portion which you feel does not apply as not applicable or N/A. Regretfully, we are unable to transact business with you if you do not respond.

Company Name (include full legal name and any assumed, adopted or d/b/a name):

Address: _____

Company Contact: _____ Title: _____

Telephone: _____

List affiliated companies, including parent or subsidiary companies:

Identify by complete name, each principal or 10% or greater shareholder of the Company:

Provide name and address of bank(s) and other financial institutions:

How long has the Company been doing business? _____

Where is the Company incorporated or otherwise organized? _____

Description of products:

Please describe the nature of the Company's business, including whether the Company is an end-user or re-seller of the products in question:



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Please list all other parties or entities, if known at this time, who would be involved in this transaction (including freight forwarders, purchasing agents, etc.):

Who will be the end user of the products?

For what purpose or purposes will the products be used?

Please list all countries where the products may be shipped, transferred or used:

Will any product be altered, modified or specially adapted so that they could be used for military or defense applications?

Yes _____ No _____

If Yes, please explain.

Will any item be used or sold to support the design, development, production, stockpiling or use of nuclear, chemical, or biological weapons or missiles? This includes selling or leasing to parties who engage in these activities.

Yes _____ No _____

If Yes, please identify the party and country:

Do you agree to comply with the export and related laws of the United States, insofar as they restrict or prohibit a transfer, sale, or re-export to a prohibited party or outside of the original country of shipment, or the use of the products by an end-user or in a country of ultimate destination, without an export license?

Yes _____ No _____

I hereby certify that all of the above information is true to the best of my knowledge. If any of the above information changes, the Company will immediately notify LKQ Corporation in writing.

Signature: _____ Title: _____

Date: _____