



**Harmar**  
America's Lift Leader™

2075 47<sup>th</sup> Street - Sarasota, FL 34234  
Tel: 800-833-0478 ext: 7304  
Fax: 941-308-7304  
janet.swedo@harmar.com

**BUSINESS INFORMATION**

Company Name (Include DBA)				Date	
				/ /	
Street Address		City	State	Zip	
Telephone		Fax	Mobile Phone		
Email		Ordering Contact	Payables Contact		
Fed EIN #	Sales Tax ID # (Attach copy)	Business Structure <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		Length of time in business ____ Years ____ Months	
Credit Amount Desired	Are you a NMEDA QAP modifier? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you currently sell auto lifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, specify brand(s) <input type="checkbox"/> Bruno <input type="checkbox"/> Silver Star <input type="checkbox"/> Other: _____ <input type="checkbox"/> Freedom <input type="checkbox"/> VMI		Do you currently sell access ramps? <input type="checkbox"/> YES <input type="checkbox"/> NO
If so, specify brand(s) <input type="checkbox"/> EZ Access <input type="checkbox"/> Allumiramp <input type="checkbox"/> PVI <input type="checkbox"/> Other: _____					

**PRINCIPAL INFORMATION**

Name (Principal/Partner/Officer)	Percent Owned	Social Security Number	Has owner ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address (Principal/Partner/Officer)		City/State/Zip	Telephone
Name (Principal/Partner/Officer)	Percent Owned	Social Security Number	Has owner ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address (Principal/Partner/Officer)		City/State/Zip	Telephone

Harmar requires a minimum of three references with complete addresses, phone and fax numbers. (If Customer can provide its account number(s) for each references, it may allow for faster processing.)

**TRADE REFERENCES**

Trade Reference Name			Account Number
Contact Name	Telephone	Fax	Email
Trade Reference Name			Account Number
Contact Name	Telephone	Fax	Email
Trade Reference Name			Account Number
Contact Name	Telephone	Fax	Email

Dealer agrees to indemnify, defend, protect and hold harmless Harmar Mobility, LLC and Harmar Summit, LLC, together with all their members, subsidiaries, affiliates, directors, officers, employees and agents (collectively, "Indemnified Parties"), from and against any and all actual or threatened claims, costs, suits, liabilities, damages, losses, demands and expenses of every kind (including but not limited to attorneys' fees and disbursements), in each case arising out of any negligent act or omission or willful misconduct of, or breach of this Agreement by, Dealer in connection with the sale, re-sale, distribution, installation or use by Dealer of products manufactured or distributed by the Indemnified Parties. Dealer's indemnification obligations and duty to defend the Indemnified Parties hereunder shall survive termination of this Agreement.

By submitting this Application, you authorize any bank, financial institution or trade reference listed above to release appropriate business and/or personal credit information. You also represent that each individual listed as an owner, principal, partner, officer or guarantor has authorized the release of a consumer credit report. You warrant that the information on this application is true, correct and complete.

\_\_\_\_\_  
Signature (Principal/Partner/Officer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## GUARANTY AND SURETYSHIP AGREEMENT

The undersigned (hereinafter individually or collectively "GUARANTOR"), in order to induce Harmar Mobility, LLC., and/or Harmar Access, LLC., (hereinafter "HARMAR") to sell products manufactured and/or distributed by HARMAR to \_\_\_\_\_, (hereinafter "DEBTOR") in consideration of open credit terms, and for other goods and lawful consideration, the receipt of which is hereby acknowledged, do/does hereby on behalf of him/her or themselves, his/hers or their heirs, successors and assigns, unconditionally guarantee to HARMAR the prompt and punctual payment of all sums due from DEBTOR to HARMAR, as well as any and all damages including collection fees and legal expenses that may arise in consequence of the failure of DEBTOR to make such payments when due; it being agreed that recourse may be made to the GUARANTOR upon this Guaranty, without requiring any proceedings to be taken against DEBTOR . It is understood that no action shall be taken by HARMAR upon GUARANTOR'S obligation hereunder unless and until HARMAR has provided GUARANTOR with ten (10) days prior notice that a debt of DEBTOR to HARMAR is past due and unpaid.

GUARANTOR acknowledges that this Guaranty and Suretyship applies to any and all debts existing as of the date of this Agreement from DEBTOR to HARMAR, any and all debts about to be incurred by DEBTOR in favor of HARMAR reasonable contemporaneous with the execution of this Agreement, and any and all debts arising out of the sale of products from HARMAR to DEBTOR as aforesaid. Guarantor acknowledges that GUARANTOR has entered into this Guarantee and Suretyship Agreement knowingly, intentionally and voluntarily. To the extent permitted by applicable law, the obligations of each Guarantor executing this Agreement shall be joint and several and Guarantor's obligations hereunder are and shall remain irrevocable. Notwithstanding the immediately foregoing, and only with respect to liabilities of Debtor to Harmar not then incurred, any attempted revocation of this Guaranty for future obligations or Debtor to Harmar shall only be effective if in writing by a duly authorized credit representative of Harmar as accepted and applied to Debtor's account. The laws of the State of Florida shall govern this Agreement and venue for an action commenced on this Guaranty shall be deemed to be the Court of Common Pleas of Sarasota County, Florida.

IN WITNESS WHEREOF, the undersigned have hereinafter set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

GUARANTOR(S):

Signature (No title)\_\_\_\_\_

Signature (No title)\_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security Number\_\_\_\_\_

Social Security Number\_\_\_\_\_

## Suggested Trade References:

