



**Equipment financing for licensed business owners. Let your equipment pay for itself!**

**Click the NAPA [Real Deals](#) for special monthly pricing!**



## NAPA'S EQUIPMENT FINANCING PARTNER FOR OVER 20 YEARS!

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <b>NO MONEY DOWN!</b></li> <li>• \$1 Buyout</li> </ul> | <ul style="list-style-type: none"> <li>• 30-day no pay</li> <li>• One-Page Application</li> </ul> |
|---|---|

**Contact your local NAPA store for more information.**



Commodore Financial  
600 TownPark Lane Suite 540 | Kennesaw, GA 30144  
[www.commodorefinancial.com](http://www.commodorefinancial.com)



# CREDIT APPLICATION

Commodore Financial  
www.commodorefinancial.com  
NAPA@GreatAmerica.com



Fax completed credit applications to 800-488-6262 or email to NAPA@greatamerica.com. For assistance, please call 800-487-6262.

## CUSTOMER INFORMATION (PLEASE PRINT)

Legal Name of Business			AutoCare Center? YES NO		
Billing Address			City	State	Zip Code
Telephone No.	Fax No.	Cell No.	Email Address		
Contact Name			Title		
Description of Business		Prop <input type="checkbox"/>	Partner <input type="checkbox"/>	Corp <input type="checkbox"/>	LLC <input type="checkbox"/>
		Years In Business (under current ownership)			
Equipment Location (if different from above)					

## PERSONAL INFORMATION (OFFICERS, PARTNERS OR OWNERS)

Name	Home Address	City	State	Zip Code	Social Security No.
Name	Home Address	City	State	Zip Code	Social Security No.

Additional Information:


**SIGN** I hereby authorize GreatAmerica or its designee(s) to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my business and/or personal credit and financial responsibility, and to obtain information from any credit reporting agency with respect to me and the above named customer, in connection with extending credit and/or reviewing/collecting the account.

**Signed X**

**Date**

## NAPA STORE AND EQUIPMENT INFORMATION (PLEASE PRINT; MUST BE COMPLETED BEFORE SUBMISSION)

Business Name		Business Phone	
Business Address		City	State Zip
Sales Rep NAME	Sales Rep PHONE	Sales Rep EMAIL	
Distribution Center	Store NO.	Intentionally Left Blank	

Item Description	Qty	Part No.	Extended Price

Sales Tax	
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**Total Amount to Finance (including tax)**

Term (Circle One)	12	24	36	48	60
Preferred Partner Program	YES NO				

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION. 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 GreatAmerica Financial Services Corporation, 625 1st St SE, Cedar Rapids, Iowa 52401 (319-365-8000) 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 for the statement. 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 the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.