

Borrower Information				
Company Name:				
Company Street Address:			City	State Zip
Billing Address (if different):			City	State Zip
Primary Contact:	Office Telephone:	Cell:	Fax:	Email:
Company Structure (check one):				State of Organization
<input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				Federal Tax ID No.
Ownership:	Name	Name	Name	Name
	% Owned	% Owned	% Owned	% Owned
Other names (including trade names) used by the Company in the last 5 years:				
Any legal actions, suits, or proceedings pending or threatened against the Company or its property? <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach explanation)				

Related Company Information				
Please list all additional NAPA companies operated by any of the owners of Borrower listed above.				
Related Company #1 Name:				
Street Address:			City	State Zip
Company Structure (check one):				State of Organization
<input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				Federal Tax ID No.
Ownership:	Name	Name	Name	Name
	% Owned	% Owned	% Owned	% Owned
Other names (including trade names) used by the Company in the last 5 years:				
Any legal actions, suits, or proceedings pending or threatened against the Company or its property? <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach explanation)				
Related Company #2 Name:				
Street Address:			City	State Zip
Company Structure (check one):				State of Organization
<input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				Federal Tax ID No.
Ownership:	Name	Name	Name	Name
	% Owned	% Owned	% Owned	% Owned
Other names (including trade names) used by the Company in the last 5 years:				
Any legal actions, suits, or proceedings pending or threatened against the Company or its property? <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach explanation)				

Owner Information

Please list all owners of Borrower and Related Companies listed above.

Name	Home Address	City	State	Zip

Distribution Center Payment Record

Serving DC: _____ DC General Manager: _____

Discount Status:

 Discounts Fully Discounts Partially

Payment Status:

 Current Past Due

Account Status:

 Open Account COD**Loan Request Amount and Preferred Loan Structure**

Line of Credit \$ _____

Term Loan \$ _____

Total Amount Requested \$

Anticipated Funding Date _____

Loan Facility Allocations and Requested TermsLine of Credit

Amount \$ _____

Interest Rate Floating Rate

Term 364 day interest-only, subject to annual renewal

Term Loan(s)**Term Loan #1**

Amount \$ _____

Interest Rate Fixed Rate Floating Rate

Term _____ Years Amortization (not to exceed 10 yrs)

Interest Only Period?* No Yes

Requested Period * (not to exceed 24 months): _____

* Subject to Lender approval; generally reserved for new stores and large inventory investments

Term Loan #2

Amount \$ _____

Interest Rate Fixed Rate Floating Rate

Term _____ Years Amortization (not to exceed 10 yrs)

Interest Only Period?* No Yes

Requested Period * (not to exceed 24 months): _____

* Subject to Lender approval; generally reserved for new stores and large inventory investments

By signing this loan application, the undersigned hereby authorize Atlantic Capital Bank (the "Bank"), Genuine Parts Company ("GPC") and their respective officers, directors, employees, agents and third party service providers to obtain, exchange, and disclose to each other information relating to the Borrower, Related Companies, or their owners, including without limitation, all personal and business credit reports, financial data, inventory reports, and other information at any time in the possession of the Bank or GPC.

This application is submitted to obtain credit and the undersigned certify that the above information is true, complete, and correct. The Bank will retain this application whether or not it is approved. The Bank is authorized to check the credit and employment history of the undersigned and subsequently answer questions about its credit experience therewith.

Owners

Date _____ Print Name _____ Signature _____
Date _____ Print Name _____ Signature _____
Date _____ Print Name _____ Signature _____
Date _____ Print Name _____ Signature _____

Note: All owners of Borrower and Related Companies are required to sign above.

Borrower and Related Companies

Company _____ Company _____ Company _____
By (signature) _____ By (signature) _____ By (signature) _____
Name (print) _____ Name (print) _____ Name (print) _____
Officer Title _____ Officer Title _____ Officer Title _____

Application Checklist

- Loan Application executed by all owners and Borrowers/Related Companies
- Cover letter from Distribution Center General Manager
 - Owner and store management profile / resume
 - Deal summary – use of loan proceeds, preferred loan structure, etc.
 - Financial performance highlights, open account / prompt pay discount status
 - Market overview and competition
 - Other relevant information
- Atlantic Capital Bank Personal Financial Statement completed by all owners
- Copy of valid driver's license for each owner
- Personal Tax Returns from all owners (most recent 2 years available; Federal only)
- For Borrower and all Related Companies:
 - Last 3 year-end balance sheets and income statements (including consolidated and individual store income statements)
 - Current year-to-date (interim) balance sheet and income statement (incoming consolidated and individual store income statements)
 - Business Tax Returns (most recent 2 years available; Federal only)
- Projected balance sheet and income statement signed by owner is required when:
 - Loan proceeds are being used to open a new NAPA store or purchase an existing store
 - Loan request is in excess of \$250,000
 - Requested by the Bank

NOTE: Include projections for each store being opened / purchased in addition to existing stores. Please include explanations of assumptions used in projections.

- Sources and Uses Worksheet
- Store Location Worksheet, including copy of lease for each store location
- Business Debt Schedule
- Current TAMS reports for all locations, including:
 - EOM Line Inventory Value, summary page only (RPT027)
 - Sales Journal (RPT004)
 - Aged Accounts Receivable (RPT116 or ARS210)
- Purchase Agreement, if purchasing existing store from another owner. Include seller financial statements and current TAMS reports (consistent with above), to the extent available.
- NAPA New Store Agreement, if opening a new NAPA store
- Corporate documentation for Borrower and all Related Companies as follows:
 - For C Corp and S Corp: Articles of Incorporation, Bylaws, and executed Consent Resolution
 - For LLC: Articles of Organization, Operating Agreement, and executed Consent Resolution
 - For Partnership: Partnership Agreement and executed Consent Resolution

- Forward completed Loan Application package to:

Atlantic Capital Bank

NAPA Loan Program

Attention: Mike Smith

**945 East Paces Ferry Road, NE
Suite 1600**

Atlanta, GA 30326

Phone: 404.460.4426

NOTE: For **REAL ESTATE** related loan requests and inquiries, please contact Mike Smith directly for loan request forms and additional information needs.

For instructions regarding secure e-mail transmission of Loan Application package information, please contact:

Mike Smith

Phone: 404.460.4426

Email: mike.smith@atlcapbank.com