

All information is required. You may supply and reference a pre-filled credit information sheet as long as it provides all information requested below; however, THIS FORM MUST STILL BE SIGNED BY AN OWNER OR OFFICER OF THE COMPANY in order to prevent any delays in account setup and order processing.

| Company Information | | | |
|---|--------|----------------------------|--------------------|
| Company Name | | Company Type | Individually Owned |
| Parent Company (If applicable) | | | Partnership |
| Physical Address | | | Corporation |
| City, St, Zip | | FEIN or Tax ID | |
| Billing Address (If different) | | Years in business | |
| City, St, Zip | | DUNS # | |
| Shipping Address (If different) | | Phone # | |
| City, St, Zip | | Fax # | |
| County | | | |
| Nature of business | | | |
| Contact Information | | | |
| Accounts Payable Contact | | Purchasing Contact | |
| Accounts Payable Phone # | | Purchasing Phone # | |
| Accounts Payable Email | | Purchasing Email | |
| Provide Full Names of Corporate Officers, Partners, or Proprietor | | | |
| Name | | Title | |
| Bank Reference | | | |
| Bank Name | | Bank Account # | |
| Address | | Contact Phone # | |
| City, St, Zip | | Contact Fax # | |
| Bank Officer | | Contact Email | |
| Trade References Please provide information concerning 4 creditors from whom you have ordered equipment within the last 12 months | | | |
| Company Name | , | Phone # | |
| Address | | Fax # | |
| City, St, Zip | | Type of Business | |
| Contact Name | | Account # | |
| Company Name | | Phone # | |
| Address | | Fax # | |
| City, St, Zip | | Type of Business | |
| Contact Name | | Account # | |
| Company Name | | Phone # | |
| Address | | Fax # | |
| City, St, Zip | | Type of Business | |
| Contact Name | | Account # | |
| Company Name | | Phone # | |
| Address | | Fax # | |
| City, St, Zip | | Type of Business | |
| Contact Name | | Account # | |
| Tax StatusTo qualify for sales tax exemption, you must provide an exemption certificate for each shipping location. | | | |
| Tax Exempt? | Yes No | If no, please provide your | |
| If yes, please provide: | | State | |
| Sales Tax ID # | | County | |
| Permit # | | City | |
| | | | |

THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN IS A REQUEST FOR THE EXTENSION OF CREDIT FOR COMMERCIAL BUSINESS USE ONLY.

THE APPLICANT AUTHORIZES THE ABOVE NAMED CREDITOR TO OBTAIN A WRITTEN OR ORAL CREDIT REPORT FROM ANY CREDIT REPORTING AGENCY. THE APPLICANT FURTHER AUTHORIZES ANY BANK OF COMMERCIAL BUSINESS WITH WHOM THE APPLICANT IS DOING OR HAS DONE ANY TYPE OF BUSINESS TO GIVE ANY AND ALL NECESARY INFORMATION TO THE CREDITOR WHICH WILL ASSIST CREDITOR IN THE CREDIT INVESTIGATE IN THE APPLICANT FURTHER AUTHORIZES THE CREDITOR TO REINVESTIGATE THE APPLICANT'S CREDIT STATUS FROM TIME TO TIME AS THE CREDITOR DEEMS NECESSARY AND SHOULD CREDITOR UPON SUCH REINVESTIGATION DEEM IT NECESSARY TO LIMIT OR TERMINATE THE CREDIT ARRAGEMENT WITH APPLICANT, SAID APPLICANT SHALL BE NOTIFIED IN WRITING AS TO ANY ADVERSE ACTION. UPON APPROVAL OF THIS APPLICATION FOR CREDIT, SAID APPLICANT AGREES TO CREDITOR'S TERMS AND CONDITIONS OF SALE. SAID CREDITOR RESERVES THE RIGHT TO TERMINATE FUTURE EXTENSION OF CREDIT WILL APPLICANT.

IF CREDIT IS EXTENDED, I (WE) AGREE TO PAY CREDITOR ALL DEBTS INCURRED FOLLOWING CREDITOR'S TERMS AND CONDITIONS OF SALE, NET 20 DAYS.

I (WE) AGREE TO PAY ALL COSTS OF COLLECTION OR ATTEMPTING TO COLLECT OR SECURE ANY AND ALL DEBTS WHICH I (WE) NOW OWE OR WHICH I (WE) MAY IN THE FUTURE OWE CREDITOR FOR GOODS SOLD TO ME (US) OR FOR SERVICES RENDERED, INCLUDING A REASONABLE ATTORNEY'S FEE ON THE UNPAID DEBT SO LONG AS ANY OF SAID INDEBTEDNESS IS DUE AND UNPAID. I (WE) ALSO AGREE TO PAY A FINANCE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE OF 18%) ON ANY UNPAID, PAST DUE BALANCE. CREDITOR IS HEREBY AUTHORIZED TO DELIVER GOODS OR PERFORM SERVICES FOR THE FOLLOWING AT MY (OUR) REQUEST AND CHARGE SAME TO MY (OUR) ACCOUNT AND THIS SHALL CONTINUE UNTIL WRITTEN NOTICE TO THE CONTRARY IS GIVEN AND ACCEPTED, WHICH ACCEPTANCE SHALL BE EVIDENCED BY SIGNATURE OF CREDITOR.

OWNER/OFFICER'S SIGNATURE

PRINTED NAME

TITLE _

___ DATE ___