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ACCOUNT & CREDIT APPLICATION

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BUSINESS NAME (full legal name) _____

DOING BUSINESS AS _____

SHIPPING ADDRESS _____ **COUNTY** _____
CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

MAILING ADDRESS IF DIFFERENT FROM SHIPPING:

ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____

YEAR BUSINESS ESTABLISHED _____ AT PRESENT LOCATION SINCE _____

BUSINESS TYPE: CORPORATION _____ PARTNERSHIP _____ PROPRIETOR _____ INDIVIDUAL _____

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PRINCIPALS:

NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

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BANK REFERENCE:

1. NAME _____ ACCT # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ CONTACT PERSON _____

BUSINESS REFERENCES:

1. NAME _____ ACCT # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

2. NAME _____ ACCT # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

3. NAME _____ ACCT # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

PLEASE CHECK HOW YOU WISH TO PAY: COD _____ OPEN ACCOUNT _____

VISA/ MC # _____ DESIRED CREDIT LIMIT _____

HAVE YOU EVER FILED BANKRUPTCY OR BEEN SUED? YES _____ NO _____

PARTS MANAGER _____ ACCT. PAYABLE CONTACT _____

I certify that all the above information, submitted to Foland Sales Inc., is correct. This information will be kept strictly confidential and used for the purpose of securing credit. As the applicant, I authorize investigation of credit worthy and agree that payments will be made according to the terms NET 30, unless otherwise specified on the invoice.

Signature _____ TITLE _____ DATE _____

BUSINESS LICENCE # _____ FEDERAL TAX ID# _____

TYPE OF BUSINESS: PARTS _____ SALES _____ SERVICE _____ OTHER _____

TOTAL NUMBER OF EMPLOYEES _____ DO YOU ACCEPT AUTOMATIC BACK ORDERS: YES _____ NO _____

DO YOU REQUIRE P.O NUMBERS: YES _____ NO _____ DO YOU REQUIRE PRICE STICKERS: YES _____ NO _____

STATEMENTS ARE SENT MONTHLY. IF YOU PREFER THEM FAXED, PLEASE CHECK HERE _____

AUTHORIZED PURCHASERS: FULL NAME _____

GUARANTY

For and in consideration of your extending credit at my request to (insert name of company) _____, individually and personally guarantee payment of any obligation of the Customer whenever Customer shall fail to pay the same plus interest on delinquent sums due at the highest amount allowed by law, and in the event that account is placed for collection, reasonable attorney's fees. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the customer. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit hereby guaranteed.

Guarantor Signature: _____

Print Name: _____

Home Address: _____

Witness: _____

City/State: _____

Address: _____

Home Phone: _____

City/State: _____

Date: _____