



APPLICATION FOR CREDIT

Applicant Business Name
Billing Address
Shipping Address (if different)
Telephone
Accounts Payable's contact
Telephone/ext.
Nature of Business
Principal or Owner

How did you hear about Equipment Depot?
City State Zip
City State Zip
Fax
Email
Are Purchase Orders required? Yes / No (circle one)
Year Established
DL# State

Table with 2 columns and 3 rows for business type selection: Corporation, Partnership, Taxable; Proprietorship, Other, Non-Taxable.

Tax ID #
Duns #
Exception or Resale Certificate - form submission required to sales representative prior to placing an order
Account #

Bank Reference Name

Trade Accounts References

- 1. Business Name Phone Fax Account #
2. Business Name Phone Fax Account #
3. Business Name Phone Fax Account #

Equipment Depot Contact/Sales Rep Name: Location:

Invoices are payable by due date. Equipment Depot complies with all state Mechanic's Lien Laws. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including reasonable attorneys' fees, whether or not a lawsuit is brought to satisfy the debt owed to Equipment Depot by applicant and/or guarantors.

Applicant's Signature: Date
Applicant's Name: Title

INDIVIDUAL PERSONAL GUARANTEE

The undersigned, in consideration of the extension of credit to the applicant by Equipment Depot, personally guarantees payment of any obligation of the applicant to Equipment Depot, upon demand, whenever the applicant fails to pay the debt. This guarantee shall be continuing, and I authorize Equipment Depot to make whatever credit inquiries it deems appropriate in conjunction with this guarantee.

Guarantor's Signature

Guarantor's Printed Name

Date

Social Security

FOR EQUIPMENT DEPOT USE ONLY

Date _____ Branch Code _____ Territory Code _____ Salesperson Code _____ Acct.# _____

Approved By _____ SIC Code _____ COND/IND _____