CLOSNER EQUIPMENT CO. INC.

21910 FM 2252

Schertz, TX 78154 APPLICATION FOR CREDIT

(THE FOLLOWING INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE)

Forward completed application to timhaecker@closner.com or fax to 210-732-0706 for processing.

For questions when completing this form call 210-732-2131.

Company or Individual Name		Physical Address		
DBA Trade Name		City, State, Zip Code		
Phone Number		Billing Address		
Fax Number		City, State, Zip Code		
Website	·	Accounts Payable Co	ntact	
Accounts Payable Phone Number		Accounts Payable Em	nail Address	
BUSINESS INFORMATION	Corporation	LLC	Partnership	Sole Proprietor
Length of time in business		(If less than 3 years, provi information and sign on 2		Guaranty
Federal Employer ID Number:		State Incorporated		
Dun and Bradstreet number		Has the company eve	er filed for bankrup	tcy?
If Partnership or LLC, list partners / members:				
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BANKING INFORMATION				
Bank Name		Bank Phone Number		
Address	City	State	Zip C	ode
Bank Officer or Contact		Bank Account Number	er	
ACCOUNTING INFORMATION				
Credit Line Requested:		Are you tax exempt?		
Do you require a purchase order?		Resale Tax Exempt Certific	cate No:	
(We must have the tax exempt certificate on file PRIOR T	O purchase or sales tax	will be added to invoice)		
TRADE REFERENCES				
Company Name:		Company Name:		
Contact Person:		Contact Person:	·	
Phone No / Fax No:		Phone No / Fax No:		
Acct No:		Acct No:		
		9.300		
Company Name:		Company Name:		
Contact Person:		Contact Person:		
Phone No / Fax No:		Phone No / Fax No:	<u> </u>	
Anat No.		A t Al-ii		

KEY CONTACTS

President	Phone Number	Email Address
Equipment Manager	Phone Number	Email Address
Purchasing Contact	Phone Number	Email Address
TERMS AND AGREEMENT: (Must b	e signed for account processing)	
and agrees: Payment is due 30 days from a per month assessed. Any disputed invoice invoice or the invoice will be deemed as co suit is brought, or it is enforced through an and/or collection costs. Closner Equipmen undersign warrants they are authorized to necessary in connection with this agreementatory.	date of invoice. Statements are sent as a comust be brought to the attention of the correct and undisputed. If collection of the argument of t	ing commercial credit based upon the information furnished, warran ourtesy. Invoices not paid when due will have a finance charge of 1.5 reporate office of Closner Equipment within 15 days of receipt of the mounts due require the assistance of a collection agency or attorney to pay all costs and collection expenses, including reasonable attornation in whatever jurisdiction Closner Equipment deems necessary. In Closner Equipment to make whatever credit inquiries it deems his authorization to disclose to Closner Equipment Co., Inc. their creditle IS PAID. LIEN RIGHTS REMAIN THE PRIVILEGE
Authorized Name:	,	
Authorized Signature:		
Title of Authorized:		
Date:		
INDIVIDUAL PERSONAL GUARANT	Y	
Customer to Closner Equipment whether n Customer to Closner Equipment whenever attorney, suit is brought, or it is enforced the	ow existing or hereinafter made and furthe Customer fails to pay the same. If collection brough any judicial proceeding, I/we agree for Curred by Closner Equipment in exercising a	guarantee prompt payment and performance of any obligations by er agree to bind my/ourselves to pay on demand any sum which is due ins of the amounts due requires the assistance of a collection agency to pay all costs and expenses of collection, including reasonable atto any of Closner Equipment's rights and remedies. I/we authorize Closonis agreement.
Guarantor's Printed Name:		
Guarantor's Signature: Address:		
Social Security Number:		
Date Signed:		
	CLOSNER EQUIPMENT	USE ONLY
Credit Line Requested:	С	redit Line Approved:
Department:		ccount ID:
Sales Representative:	D	ate Entered:
	Α	pproved By: