

27127 Parklane Dr. Sioux Falls, SD 57106

Tel: 605-368-5221 Fax: 605-368-9714

CREDIT APPLICATION

	NAME OF BUSINESS					
	STREET ADDRESS					
	CITY/STATE/ZIP					
	TELEPHONE		FAX			
	THE FOLLOWING INFORM		D FOR YOUR	CONSIDERA	ATION AS A BASIS	OF
	TYPE OF BUSINESS:		FED. I.D	.#		
	OWNERSHIP: CORPORAT	TON: PARTN	ERSHIP:	PROPRI	IETORSHIP:	
Α.	Please list full names of	Owners/Officers/Title	s, Home add	ress and Soc	cial Security Number	er:
	<u>NAME</u>	COMPLETE ADDR	ESS %	6 OWNED	<u>SSN</u>	
1						
2						
3						
	ANNUAL SALES VOLUME					
		5.				
В.	Have you ever filed fo	r protection under the	e U.S. Bankrı	uptcy Code?	YES NO	
C.	Credit references (please include material suppliers)					
	COMPANY NAME	COMPLETE	<u>ADDRESS</u>		TELEPHONE	
1						
2						
3						
D.	Bank references : (please	e note type of accoun	t)			
		MPLETE ADDRESS		T #/TYPE	TELEPHONE	=
1	-					
2						
3						

As an inducement to Equipment Blades Inc. to sell goods, materials and services to the undersigned customer ("Customer"), Customer hereby agrees as follows:

- 1 Customer will pay Equipment Blades Inc of Sioux Falls, SD for all goods and materials sold within 30 days of shipment. Equipment Blades Inc. agrees to deliver periodic statements of Customer's account covering Customer's transactions. Customer further agrees to advise Equipment Blades Inc. when making payments for goods and services rendered as to which Invoices Customer's payment is to be applied. If Customer does provide the remittance advise, Equipment Blades Inc. shall have the right to apply payment to the oldest outstanding invoices first.
- 2 Customer understands the terms of this contract and in good consideration for the extension of credit and/or the sales of goods, materials and services, agree to said terms.

Customer hereby authorizes Equipment Blades Inc. to whom this application is made or any credit bureau or other investigative agency employed by Equipment Blades Inc, to investigate the references or statements herein listed. Customer's signature below shall authorize Equipment Blades Inc. to investigate Customer's credit history and shall constitute permission for Equipment Blades Inc. to obtain release of Customer's banking records and information.

	CUSTOMER
Name of Customer:	
BY (Signature of Officer/Owner):	
Printed Name, Title:	
Date:	
	Equipment Blades Inc.
	RV.

"CLICTOMED"