

Customer Application



General Information

*Applicant Business Name	*Telephone	Fax	
*Billing Address	*Bill City	*Bill State	*Bill Zip
*Shipping Address	*Ship City	*Ship State	*Ship Zip
*Accounts Payable (AP) Contact	*AP Telephone	*AP Email	

*Preferred Invoice Method: *Email / Fax / Mail / Invoice Portal / Other (select one and provide information)*

*Are Purchase Orders Required? Yes / No Who referred you to Equipment Depot? _____

Lines of Business	(Check all applicable)
New / Used / Allied Equipment / Sales	
Service	
Rental	
Parts	

*Nature of Business	*Year Established	Customer Limit Request
Bank Reference Name	Account #	

*Select Type of Business Below:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship
<input type="checkbox"/> Partnership	<input type="checkbox"/> Government
<input type="checkbox"/> School/Church	<input type="checkbox"/> Other

*FEIN # _____
 *Duns # _____

<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-Taxable
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Exception or Resale Certificate: Form submission required to sales representative prior to placing an order

*Company Website Domain / Email Address: _____

If Business Type is Proprietorship or General Partnership:

*Name of Principal Owner: _____
 *Social Security Number: _____
 *Driver License No./State: _____

*Trade Account References

1. Business Name _____	Phone _____	Email _____	Account # _____
2. Business Name _____	Phone _____	Email _____	Account # _____
3. Business Name _____	Phone _____	Email _____	Account # _____

*Equipment Depot Contact / Sales Rep Name: _____ *Branch Location: _____

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Applicant authorizes Equipment Depot, Inc, and/or its affiliated companies (Equipment Depot) to make any and all inquiries necessary to process this Application, including investigating the income, liabilities, credit and financial responsibility, of the Applicant. Applicant hereby consents to the release and disclosure to Equipment Depot of the foregoing information for the purpose of these inquiries.

Applicant agrees to pay invoices in full when due in accordance with the terms of the invoice. If Applicant fails to pay in full any amounts due under any invoice, Applicant agrees to pay all costs of collection, including reasonable attorneys' fees, whether or not a lawsuit is brought for collection. Any past due, unpaid balances shall bear interest at the lesser of (a) 18% per annum and (b) the maximum rate permitted by law, until paid in full. Unless specified otherwise in the invoice, Applicant agrees that all payments due shall be remitted to Equipment Depot's principal office located in McLennan County, Texas.

If any dispute should arise regarding the foregoing provisions or Applicant's performance under the foregoing provisions, exclusive jurisdiction and venue for the resolution of the dispute shall lie in the federal and/or state courts located in McLennan County, Texas.

The foregoing provisions shall be governed by the laws of the State of Texas, exclusive of any conflict of laws rules.

By signing below, Applicant indicates its acceptance of the foregoing provisions.

*Signature of Applicant's Authorized Representative: _____ *Date: _____

*Name: _____ *Title: _____

INDIVIDUAL PERSONAL GUARANTEE (all fields below required if utilizing a PG)

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. This authorization is valid for purposes of verifying information given pursuant to leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). By my signature below, I hereby authorize all corporations, credit agencies, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form. In the event that any suit or collection action is required to enforce the terms of the credit application or to collect unpaid account balance owing to Equipment Depot, guarantor agrees that exclusive jurisdiction and venue shall lie in the courts of McLennan County, Texas, and that this guaranty shall be governed by the laws of the laws of the State of Texas, exclusive of any conflict of laws rules. The undersigned waives the benefit of California Civil Code Section 2815 permitting the revocation of this guaranty in certain instances and the benefit of California Civil Code Sections 2809, 2810, 2819, 2839, 2845, 2848, 2849, 2850, 2899 and 1432 with respect to certain suretyship defenses.

Guarantor's Signature	Guarantor's Printed Name	Date	Social Security Number
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<u>FOR EQUIPMENT DEPOT USE ONLY</u>			
Date _____	Branch Code _____	Territory Code _____	Salesperson Code _____ Acct.# _____
Approved By _____	SIC Code _____	COND/IND _____	