



5920 N. LINDBERGH BLVD HAZELWOOD, MO 63042
 PHONE: (314) 895-9500 | FAX: (314) 895-4474
 EMAIL: ACCOUNTSRECEIVABLE@PATKELLY.COM | WEBSITE: PATKELLY.COM

ACCOUNT CREDIT APPLICATION AND CONTRACT
 (Please Type or Print)

| | |
|-----------------|------------------------|
| STORE LOCATION: | DATE: |
| ACCT NO.: | CREDIT AMT. REQUESTED: |

BUSINESS INFORMATION

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|--------------------|------|
| LEGAL COMPANY/APPLICANT'S NAME: | | | TYPE OF BUSINESS: | | | |
| BILLING ADDRESS: | | | PHYSICAL ADDRESS: | | | |
| CITY: | STATE: | ZIP: | CITY: | COUNTY: | STATE: | ZIP: |
| PHONE: | | FAX: | | | MOBILE PHONE: | |
| EMAIL: | | WEBSITE: | | | YEARS IN BUSINESS: | |
| TAXPAYER IDENTIFICATION NUMBER: <input type="checkbox"/> INDIVIDUAL SOLE PROP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUSTEE/ESTATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER _____ | | | | | | |
| <input type="checkbox"/> L.L.C. ENTER THE TAX CLASS (C=CORPORATION, S=S CORPORATION, P=PARTNERSHIP) _____ <input type="checkbox"/> S CORPORATION <input type="checkbox"/> C CORPORATION DATE OF INC. _____ STATE INC. _____ | | | | | | |
| FEDERAL TAX ID NO./ SOCIAL SECURITY NO.: | | DUNS #: | | CONTROLLER/ACCTS. PAYABLE: | | |
| IF YOU ARE TAX EXEMPT, CURRENT EXEMPTION CERTIFICATE MUST BE ON FILE | | | CONTROLLER/AP EMAIL: | | | |
| TAX EXEMPT: <input type="checkbox"/> YES <input type="checkbox"/> NO SALES TAX EXEMPTION NO.: | | | WOULD YOU LIKE YOUR INVOICES & STATEMENTS EMAILED? | | | |
| <input type="checkbox"/> JOB NUMBER REQUIRED | | <input type="checkbox"/> SPECIAL BILLING REQUIREMENTS | | <input type="checkbox"/> YES <input type="checkbox"/> NO PREFERRED EMAIL: _____ | | |
| <input type="checkbox"/> PURCHASE ORDER REQUIRED | | OTHER: _____ | | | | |

PRINCIPAL OFFICERS, OFFICERS, PARTNERS, DIRECTORS, MEMBERS

| | | | | |
|---|------------------------------------------|--------|--------------|---------------------|
| 1 | LEGAL NAME: | TITLE: | OWNERSHIP %: | SOCIAL SECURITY NO. |
| | HOME ADDRESS (STREET, CITY, STATE, ZIP): | | EMAIL: | PHONE NO. |
| 2 | LEGAL NAME: | TITLE: | OWNERSHIP %: | SOCIAL SECURITY NO. |
| | HOME ADDRESS (STREET, CITY, STATE, ZIP): | | EMAIL: | PHONE NO. |

REFERENCES: PLEASE INCLUDE OR ATTACH BUSINESS CREDIT REFERENCES

| TRADE: | CONTACT: | ADDRESS: | PHONE: | FAX: | EMAIL: |
|--------|----------|----------|--------|------|--------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

PERSONAL INFORMATION

IF APPLYING FOR AN OPEN ACCOUNT FOR PERSONAL USE PLEASE COMPLETE THE FOLLOWING:

EMPLOYER: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____ DATE OF BIRTH: _____

OCCUPATION: _____

FINANCIAL INFORMATION

| | | |
|-----------------------------------------------------------------------------------------|----------|----------------------------------------------------------|
| BANK OR FINANCE COMPANY NAME: | ADDRESS: | ACCT #: |
| CONTACT PERSON: | EMAIL: | PHONE: |
| | | TYPE OF ACCT: |
| HAVE YOU OR YOUR COMPANY EVER FILED BANKRUPTCY OR COMPROMISED A DEBT? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU OR YOUR COMPANY EVER HAD A LAWSUIT FILED AGAINST YOU? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU OR YOUR COMPANY HAVE ANY UNPAID TAX LIENS? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU OR YOUR COMPANY EVER HAD EQUIPMENT REPOSSESSED? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU OR YOUR COMPANY EVER BEEN FORCLOSED ON OR HAD PROCEEDINGS STARTED AGAINST YOU? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE ANY OF YOUR ACCOUNTS WITH CREDITORS NOW PAST DUE? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

TERMS & CONDITIONS

I (we) understand that the information furnished Pat Kelly Equipment Company, Inc. on this application , both sides is for the purpose of establishing or updating an account and that I (we) further understand that the information furnished now and in the future will be relied upon for establishment of the account. I am (we are) authorized in my (our) capacity to bind this firm accordingly. Pat Kelly Equipment Co. is authorized to investigate the information and references listed on the front page to ascertain the personal consumer, partnership, or corporate credit and financial responsibility of the undersigned and entity I (we) represent. Pat Kelly Equipment Co. may request a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned. Any changes in name, corporate structure, principal officers, or individual authority to charge must be communicated in writing before the changes become effective. I (we) understand Pat Kelly Equipment Co. terms are due NET 30 DAYS from invoice date and agree to be bound by the terms stated on received invoices if credit is extended. All accounts not paid by the due date are subject to a FINANCE CHARGE at a rate of 1.5% which is an annual rate of 18% applied to previous balance without deducting current payment and/or credits. In event of a delinquent situation, the applicant agrees to pay Pat Kelly Equipment Co. any collection expenses or attorney fees arising as a result of collection activity take to collect the sums past due or owing Pat Kelly Equipment Co. by the applicant. Pat Kelly Equipment Co. reserves the right to refuse charges on the account at its sole discretion. An emailed or faxed copy of this application will be treated just as an original. Please email to accountsreceivable@patkelly.com with subject line "Your Company/Name, Credit App" or fax to (314) 895-4474.

COMPANY NAME: _____

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

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PERSONAL GUARANTY (must be completed if applicant is not a Corporation or Partnership)

I, _____ residing at _____ for and in consideration of the extension of credit at my request by Pat Kelly Equipment Co. hereinafter "Creditor" to _____, hereinafter "Debtor", and for other valuable consideration, the receipt of which is hereby acknowledged, the undersigned jointly, severally, and unconditionally, personally, guarantees the Creditor the full and prompt payment of any outstanding indebtneess past, present, and future for goods sold, repaired, rented, and delivered up credit extended to debtor pursuant to the attached application. This shall be a continuing guaranty and notice of the acceptance hereof is waived. Each of the undersigned may terminate his/her obligation hereunder as to the future transaction between creditor and the debtor by sending notice to Pat Kelly Equipment Co., 5920 N. Lindbergh Blvd., Hazelwood, MO 63042-3124 by registered or certified mail; provided however, that such termination shall not affect his/her liability hereunder with respect to any indebtneess incurred prior to actual receipt of such notice by Pat Kelly Equipment Co.

IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HAND THIS _____ DAY OF _____ 20 _____

WITNESS

INDIVIDUAL SIGNATURE

.....
FOR OFFICE USE ONLY:

ACCOUNT NUMBER: _____

APPROVED BY: _____

DATE: _____

SALESMAN: _____

CREDIT LIMIT: _____