

APPLICATION FOR CREDIT ACCOUNT

Mail or Fax to: **GREG COLLINS, CREDIT MANAGER**
STOWERS MACHINERY CORPORATION
P.O. BOX 14802 KNOXVILLE, TN 37914
Phone: 865-546-1414 FAX: 865-595-1030
gcollins@stowerscat.com



Date of Application: _____ Type of Business _____

Purpose of Application: Parts & Service () Machine Sales & Rental () Commercial Engine () Rental ()

Other: (Please explain) _____

Name _____

Address: _____

City _____ State _____ ZIP _____

Telephone No: () _____ Fax No:() _____ email _____

If incorporated, what state? _____ Federal ID No. _____

If individual, birthdate _____ Social Security # _____ Spouse's Name _____

Tax Exempt? YES () NO () Tax Exempt Number _____

IF TAX EXEMPT, YOU MUST PROVIDE CERTIFICATE.

Former Address (If at present address less that two years)

Street _____

City _____ State _____ ZIP _____

Employed by _____

Principals of firm:

Name _____ Title _____ Name _____ Title _____

Home Address _____ Home Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Telephone _____ Telephone _____

Are Purchase Orders required? YES () NO () **Time in this business** _____ (If less than 2 yrs, furnish the following information)

Previous business name _____

Previous business address _____

City _____ State _____ ZIP _____

REFERENCES: (Please supply 3 trade references, listing firm name, address, phone number and account number.)

BANK _____

1. _____

2. _____

3. _____

CREDIT ACCOUNT TERMS

The Company (1) hereby applies (apply) for a Commercial Credit Account with Stowers Machinery Corporation, and its subsidiary, Stowers Rental and Supply, Inc. In return for Stowers Machinery Corporation extending credit under the account, the Company (1) will:

Agree to be responsible for credit extended under this account:

Agree to pay, within the month following purchase, for any materials or service obtained on credit under this account and if the account is placed with an attorney, I, we, or Corporation agree to pay all attorney fees and court costs in connection with the collection of this account.

Agree to pay a service charge computed at 1 1/2% each month on any portion of the account balance consisting of charges which were not paid within the month following their appearance on a monthly statement. I certify that all the information supplied on this form is true and correct. If acting as a representative or agent of a company, I certify that I have the authority to act in behalf of the company, that my actions will bind the company, and that Stowers Machinery Corporation may rely on my representations in all matters contained herein.

My signature below signifies that I have read the material set out above and agree to it, and I also hereby give my permission to my bank to release to Stowers Machinery Corporation credit information pertaining to my account.

Print Name Here _____

Signature _____ Title _____

Account no. _____ Approved by _____ Date _____