

Application for Credit
CMI-TECO
FAX (307) 265-0707

CUST # _____ NAME: _____ OPENED: ____/____/____

COMPANY NAME _____ DATE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____ - _____ FAX (____) _____ - _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ FEDERAL ID NUMBER _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____

DO YOU REQUIRE PURCHASE ORDER NUMBERS ? YES _____ NO _____

ARE YOUR PURCHASES FROM US FOR RESALE ? YES _____ NO _____ If YES, please supply us with a certificate number or a copy of your certificate. RESALE # _____ STATE _____

PERSON TO CONTACT FOR PAYMENTS _____ PHONE (____) _____ - _____

PRINCIPLES _____ TITLE _____

_____ TITLE _____

BANK REFERENCE _____ CONTACT _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE REFERENCES:

1. _____ PHONE (____) _____ - _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

2. _____ PHONE (____) _____ - _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

3. _____ PHONE (____) _____ - _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

4. _____ PHONE (____) _____ - _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

ALL ACCOUNTS ARE DUE AND PAYABLE 30 DAYS FOLLOWING THE CHARGE. Unless previous arrangements have been made, bills not paid within 30 days will be considered PAST DUE and a SERVICE CHARGE will be added on the unpaid balance at the rate of 1 1/2 % per month (annual percentage rate 18%).

I understand the CMI-TECO terms of N E T 30 and agree to abide by them. I certify that all the above information is correct. The undersigned hereby agrees to guarantee payment of the above account.

SIGNED _____ TITLE _____ DATE _____