

SMITHS SOUTH-CENTRAL SALES COMPANY

CREDIT APPLICATION

ACCT # _____

COMPANY NAME _____
(please type or print full legal name)

DATE _____

MAILING ADDRESS _____

PHONE # ____/____

CITY, STATE, ZIP _____

CELL # ____/____

SHIPPING ADDRESS _____

FAX # ____/____

CITY, STATE, ZIP _____ WEB ADDRESS _____

SOCIAL SECURITY NUMBER _____ FEDERAL EMPLOYER ID# _____

COMPANY EMAIL _____

COMPANY "ACCOUNTS PAYABLE" EMAIL _____
*(Please provide for monthly statement distribution)*PRIMARY CONTACT (1) _____ (2) _____
*(Officer / Manager / Owner -- circle one) (Sales / Parts / Technical -- circle one)*RESALE TAX # _____ *(valid only if state certificate attached - must provide copy w/application!)*

TYPE OF BUSINESS _____ YEARS IN THIS BUSINESS _____

HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS? YES* _____ NO _____

* If YES, list where and the year. _____ Year _____

Smith South-Central Standard Open Account Terms are net 10th - Payment is due no later than the 10th of the month following purchase. Accounts must be paid within invoice terms to maintain "current status".

In the event that any legal action or the services of a collection agency be necessary to collect my account, I agree to pay reasonable expenses incurred, including attorney fees and court costs. I agree to a monthly late charge of one and one-half percent (1 1/2%) per month from the due date of any bill until paid. I certify that everything I have stated in this application and or any attachments are correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and to answer any questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

By execution of this instant credit application all undersigned parties do hereby personally and individually guarantee and hold himself or themselves individually and personally liable for any and all sums due from or by the above described business entity to which any credit is extended. It is hereby understood and agreed that in addition to the above business entity any undersigned individual shall be personally and individually liable for any and all sums due as a result of any and all transactions of said entity and bind myself, herself, or themselves to the same.

SIGNATURE _____ DATE _____
*(Circle One - Officer / Partner / Owner)***REQUIRED FOR CORPORATIONS:**

I/We, the undersigned, as officer, owner, agent of the corporation to which credit is being extended, do hereby guarantee the payment of this indebtedness in solido with the corporation.

(Two or more signatures required)

NAME _____ TITLE _____ DATE _____

NAME _____ TITLE _____ DATE _____

SMITHS SOUTH-CENTRAL SALES COMPANY

CREDIT APPLICATION, cont.

COMPANY NAME _____

CREDIT LINE REQUESTED \$ _____ POWER EQUIPMENT DEALER: YES _____ NO _____

PRIMARY PRODUCTS LINES SOLD _____

BANK REFERENCE (1) _____ ACCT. # _____

BANK ADDRESS _____

CONTACT _____ BANK PHONE ____/____/____ BANK FAX ____/____/____

BANK REFERENCE (2) _____ ACCT. # _____

BANK ADDRESS _____

CONTACT _____ BANK PHONE ____/____/____ BANK FAX ____/____/____

**** PLEASE PROVIDE YOUR MOST RECENT FINANCIAL STATEMENT WITH CREDIT APPLICATION ****

List three firms with whom you have an active open account.

#1 _____ PHONE # ____/____/____

ADDRESS _____ FAX # ____/____/____

#2 _____ PHONE # ____/____/____

ADDRESS _____ FAX # ____/____/____

#3 _____ PHONE # ____/____/____

ADDRESS _____ FAX # ____/____/____

NOTES/ADDITIONAL COMMENTS _____



P. O. Box 578

1802 South Arkansas St

Springhill, Louisiana 71075

318-539-2594 - 800-551-8259

FAX 318-539-4712

RE: Dealer Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:

I/We hereby authorize you to release any and all Personal and/or Business information concerning my credit history with your company to Smiths South-Central Sales Company. A photocopy or FAX of this authorization may be accepted as an original.

Signed _____ SS# _____
Principal

Date _____

Signed _____ SS# _____
Principal

Date _____

Signed _____ SS# _____
Principal

Date _____