

EXPOQUIP, INC

6636 A-1 Central Ave. Pike Knoxville TN 37912 Phone 865-219-8133 Fax 865-219-8334

CREDIT APPLICATION

Name of Company or Individual: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Tax ID #: _____ Tax Exempt: Yes ___ No ___ if yes, please attach a copy

A/P contact _____ Please email invoices to _____

Purchase order required? _____ Established Date: _____

Legal Status of Business is: Corporation _____ Partnership _____ Proprietorship _____ Personal _____

If incorporated, list officer names, If Partnership, list partner names:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name and address of Bank: _____

Contact person: _____ Phone: _____ Fax: _____

Account # _____

TRADE REFERENCES

1- Company Name & address: _____

Phone # _____ Fax # _____

2- Company Name & address: _____

Phone # _____ Fax # _____

3- Company Name & address: _____

Phone # _____ Fax # _____

The undersigned individual certifies to Expoquip, Inc. that the information given on this credit application is true and correct. The undersigned individual authorizes Expoquip, Inc. the right to check bank and trade references on named company for credit purposes.

For purposes of this contract the uniform commercial code shall govern and this will be deemed a contract between merchants for the sales of goods. Furthermore, the laws of the State of Tennessee will govern and for purposes of this sale the contract shall be deemed executed and accepted in Knoxville, Tennessee.

No notification of acceptance of this contract is required and the contract will be deemed accepted upon a favorable check by Expoquip, Inc.

The undersigned individual has read and agrees to the terms of sale in consideration with Expoquip, Inc.

The undersigned individual guarantees this account under operation as an open account with Expoquip, Inc. and will be obligated for payment under the attached purchasing contract.

Signature Owner/officer: _____ Date: _____

Print name: _____

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Signature Owner/officer: _____ Date: _____

Print name: _____

Signature Owner/officer: _____ Date: _____

Print name: _____

Signature Owner/officer: _____ Date: _____

Print name: _____

Expoquip Inc. reserves the right to determine the amount of credit to be extended or to refuse credit to any applicant based on information obtained through the credit application.

Return Policy

- No parts returned after 15 days from date of purchased.
- A 20% restocking fee will be issued on all returns items.
- Shipping discrepancies need to be reported within three days from receipt.
- Core returns must be shipped freight prepaid.
- All items returned must have a returned authorization number. This number must be clearly marked on the returned packaging, please send a copy of the original invoice or packing list with returned items. No returns will be accepted without authorization. For RGA please call our sales department at 865-219-8133

Contract for sale of Goods.

- Applicant understands terms of sale as net 30 days from date of invoice. Failure to comply with terms of sale will result in termination of open account.
- Invoices not paid within 30 days of invoice date will occur a finance charge of 18% per annum.
- Applicant will be notified if account exceeds credit limit set by Expoquip inc. at which time applicant will be required to wire the difference.
- Returns will be dealt with on an individual basis.
- Should be necessary for applicant's account to be turned over to an attorney or collection agency, applicant will be responsible for all legal and collection fees as a result of such action.

PERSONAL GUARANTY

I HEREBY GUARANTEE PAYMENT OF ANY SUM DUE TO EXPOQUIP, INC. FROM THE ABOVE APPLICANT, FOR ANY REASON AND AT ANY TIME EXPOQUIP, INC. MAY PROCEED AGAINST ME WITHOUT PROCEEDING AGAINST THE ABOVE APPLICANT. I HERE WAIVE ANY AND/OR ALL RIGHTS TO RECEIVE ANY INVOICE.

Signature Owner/officer: _____ Date: _____

Print name: _____

Signature Owner/officer: _____ Date: _____

Print name: _____

Signature Owner/officer: _____ Date: _____

Print name: _____

Signature Owner/officer: _____ Date: _____

Print name: _____