

ALLIED EXHAUST SYSTEMS, INC.

3928 Oregon St., Benicia, CA 94510 – Corporate Headquarters
* Location 60 Sioux Falls SD, North Kansas City Mo 800.288.2113
* FAX completed Application to: **800-377-3371**

Lo. #60

Credit: _____ **COD:** _____

CUSTOMER APPLICATION

Company Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Yrs. in Business: _____ **Number of Employees** _____ **Credit Line Desired\$** _____

Ownership: Proprietorship Partnership Corporation **Federal Tax I.D. #** _____

<u>Principal #1</u>	<u>Principal #2</u>
Name _____	Name _____
Title _____	Title _____
Home City _____	Home City _____

Billing Contact _____

Have you ever applied for credit from us under an existing or previous business name? Yes No

Trade References – Please provide 3

Name: _____ **Account #** _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone(_____) _____ - _____ **Fax** (_____) _____ - _____

High Credit: \$ _____ **How Long Doing Business?:** _____

Name: _____ **Account #** _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone(_____) _____ - _____ **Fax** (_____) _____ - _____

High Credit: \$ _____ **How Long Doing Business?:** _____

Name: _____ **Account #** _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone(_____) _____ - _____ **Fax** (_____) _____ - _____

High Credit: \$ _____ **How Long Doing Business?:** _____

CREDIT CHECK/BANK REFERENCES

Banking Information:

Bank Name _____

Address _____

City _____ State _____ Zip _____

Account # _____ Savings Checking

Account # _____ Savings Checking

Line of Credit with Bank? No Yes \$ _____

Your signature here authorizes the above named bank to release financial information to Allied Exhaust Systems:

X _____
Signature of person authorizing Date

If a THIRTY (30) DAY CREDIT ACCOUNT IS OPENED, I/We agree:

- 1: To pay each invoice by the end of the month following the month in which it was issued.
- 2: To pay 1½% Service Charge and/or interest charge on any unpaid invoice beyond agreed payment terms.
- 3: To pay collection and/or attorney’s fees in the event that collection efforts become necessary.

I/We agree that this application be referred to the management of Allied Exhaust Systems for approval and extension of credit.

I/We guarantee full payments of any amounts incurred by Us, so long as this line of credit is open. This guarantee shall continue until I/We provide written notice, regardless of any change in the business structure of My/Our company. I/We promise to pay all accounts in accordance with the General Terms. If, however, this account is not paid as agreed, I/We agree to pay in addition to the forgoing, a reasonable attorney’s fee, or if this account is placed in the hands of a licensed collection agency, I/We acknowledge that we will be charged as liquidating damages, an amount not exceeding fifty (50) percent of the amount due and owing. I/We agree that, at Allied’s option, the venue of any necessary suit may be Contra Costa County, California.

For value received, each and every party who signs this agreement, whether individually or in his/her business capacity, guarantees the payment of all outstanding indebtedness due under this account. Said guarantee shall be as a principle, and not as a surety. ALLIED EXHAUST SYSTEMS, INC. shall not be required to seek recovery against the firm to whom merchandise is supplied prior to seeking recovery against any and all guarantors.

X _____
Signature *Print Name* *Date*

PERSONAL GUARANTEE

In consideration of credit being extended by Allied Manufacturing to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor(s) hereby contract and guarantee to Allied Exhaust Systems the faithful payment, when due, of all accounts of said applicant for purchases made. Payment shall be personally guaranteed irrespective of status or change in existing business of which the undersigned is a principal (owner, partner or officer).

In addition to guaranteeing full payment, the undersigned agrees to reimburse Allied Exhaust Systems for any and all expenses incurred in the collection of said indebtedness, including, but not limited to, legal fees, expenses and interest at the maximum legal rate permitted by state.

X _____
Signature *Print Name* *Date*

*****Please attach Resale Sales Certificate, if applicable. Failure to provide Resale Certificate and Trade References will delay credit processing*****