

CREDIT APPLICATION (pg 1/2)

Applying As: Individual Sole Proprietor Partnership C Corp S Corp LLC Government/Non Profit Trust



PART 1 – ALL APPLICANTS: GENERAL INFORMATION

Full Legal Name _____ DBA (If any) _____
Mailing Address _____ City _____ County _____ State _____ Zip _____
Physical Address _____ City _____ County _____ State _____ Zip _____
(if different)
Federal Tax ID # or SS # _____ Time at current address: Years _____ Months _____
Phone # _____ Fax # _____ E-Mail _____
Sales Tax Exempt? Yes No If yes, attach copy of Sales Tax Exemption Certificate. Require Purchase Order? Yes No

PART 2 – BUSINESS OR AGRICULTURAL APPLICANTS: PLEASE COMPLETE PARTS 1, 2, 4 & 5

State in which the Business is Registered or Incorporated _____ Date Business Incorporated, Formed or Started _____
Principal Business: Asphalt Contractor Builder/Developer Concrete/Mason Demolition/Scrap Environmental Excavator/Site Contractor
 Farming Governmental Landscape/Grounds Pools Recycling Utility Contractor Wood/Clearing Other _____
Fleet Size: < 10 10-24 25-74 > 75 Organizational ID # _____ # of Employees _____ Annual Sales \$ _____

PLEASE COMPLETE IF YOU SELECTED "FARMING" FOR YOUR PRINCIPAL BUSINESS

Yrs Farming _____ Part Full Time Annual Farm Income \$ _____ Total # Acres _____ Type Crop/Livestock _____

PART 3 – INDIVIDUAL APPLICANTS: PLEASE COMPLETE PARTS 1, 3 & 5

Date of Birth _____ Please indicate if Retired Self Employed and, if so Gross monthly income \$ _____
Current Employer Name _____ Address _____
City _____ State _____ Zip _____ Work Phone # _____
Current Position _____ Gross Monthly Salary \$ _____ Years on Job _____

IF AT CURRENT EMPLOYER LESS THAN 2 YEARS

Previous Employer _____ Address _____
City _____ State _____ Zip _____ Work Phone # _____
Position _____ Gross Monthly Salary \$ _____ Years on Job _____
OTHER INCOME: (Alimony, Child Support, Rent, etc.) Source _____ Gross Monthly Amount \$ _____

PART 4 – PERSONAL INFORMATION OF OWNERS, PARTNERS OR SOLE PROPRIETORS

PRIMARY APPLICANT INFORMATION – PERSONAL, OFFICER, PARTNER, MEMBER OR MUNICIPAL

Full Name _____ Title _____ DOB _____ SS # _____ Yrs. at Cur. Addr. _____
PHYSICAL ADDRESS OF PRIMARY OFFICER, PARTNER, OWNER OR MEMBER
Home Address _____ City _____ County _____ State _____ Zip _____
Home Phone # _____ Mobile Phone # _____ E-Mail Address _____
Are you a U.S. Citizen? Yes No If No, Passport # _____ Country _____

PART 5 – FINANCIAL INFORMATION / Please indicate which of the below items may apply to you, currently or in the past:

Prior account with Harter Equipment, Name: _____ Prior/Current Repossession Tax Lien
 Judgment Filed Bankruptcy Prior/Current Foreclosure None of the Above
Bank Name _____ Acct # _____ Phone # _____ City, State _____
Insurance Agency Name _____ Policy # _____ Phone # _____
Agency Address _____ City _____ State _____ Zip _____ Fax # _____

The undersigned represents and affirms that the statements made in this application are true and correct. By submitting your credit application, you agree that the information contained herein may be provided to corporate affiliates of HARTER EQUIPMENT, INC. or other companies which may offer or provide services to you or HARTER EQUIPMENT, INC. (collectively referred to as "we," "us" and "our"). You also grant us permission to obtain a credit report on you for all legitimate purposes in connection with making a credit decision, reviewing your account and assisting in taking collection activity. If credit is denied, you have rights as set forth on the reverse of this application.

If credit is extended by HARTER EQUIPMENT, INC. the subscriber promises to pay HARTER EQUIPMENT, INC., or to its order, the amount of invoice on or before 30 days of invoice date. If payment is not made within the prescribed period of time, HARTER EQUIPMENT, INC., shall have the option to add a service charge of 1.5% per month, and if this account is placed for collection after default, subscriber agrees to pay an additional 33% of the amount appearing unpaid for collection and/or attorney fees. If subscriber is a corporation, the undersigned whether executing this contract as an officer or not, does hereby personally guarantee payment of all bills.

You acknowledge having read both sides of this application.

Applicant X _____ (Print Name) _____ (Title) _____ (Date)

Co-Applicant X _____ (Print Name) _____ (Title) _____ (Date)
(Spouse, if individual)

NO APPLICATION WILL BE APPROVED WITHOUT SIGNATURE OF AN OWNER/OFFICER

A facsimile or electronic copy of this agreement shall be as binding as an original.

