



CORPORATE OFFICE:
2140 HUTSON RD
GREEN BAY, WI 54303-4789

Phone: (800) 289-9253
Fax: (920) 494-1440

Please email completed agreement to ar@fairchildequipment.com.

FAIRCHILD EQUIPMENT, INC. CREDIT APPLICATION AND AGREEMENT

PO REQUIRED: **YES** **NO** Tax Exempt: YES NO # YEARS IN BUSINESS: _____

LEGAL BUSINESS NAME: _____ PHONE: _____

BILL TO ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

SHIP TO ADDRESS IF DIFFERENT: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED EMAIL ADDRESS FOR ELECTRONIC INVOICE BILLING: _____

AP CONTACT: _____

BUSINESS ENTITY (CHECK ONE)

COMPANY ENTITY: CORP. PARTNERSHIP L.L.C. SOLE PROPRIETOR

FEIN #: _____ ANNUAL SALES: \$ _____

IF APPLICANT IS A SUBSIDIARY, PROVIDE THE FOLLOWING INFORMATION ON THE PARENT COMPANY

NAME: _____ DATE OF INCORPORATION: _____

ADDRESS: _____

DUNS#: _____ NATURE OF THE BUSINESS: _____

COMPANY DIRECTORS/OFFICERS/PRINCIPAL

OWNER/OPERATOR NAME(S): _____

IF THE SAME LEAVE BLANK

PRINCIPAL NAME(S): _____ TITLE: _____

PRINCIPAL NAME(S): _____ TITLE: _____

ESTIMATED PURCHASES

MONTHLY \$: _____ **ANNUALLY \$:** _____

BANKING DETAILS

BANK NAME: _____

BANK CITY AND STATE: _____

ACCOUNT #: _____ CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

TRADE REFERENCE DETAILS

VENDOR 1: _____ CONTACT: _____

CITY, STATE: _____

PHONE: _____ FAX: _____ EMAIL: _____

VENDOR 2: _____ CONTACT: _____

CITY, STATE: _____

PHONE: _____ FAX: _____ EMAIL: _____

VENDOR 3: _____ CONTACT: _____

CITY, STATE: _____

PHONE: _____ FAX: _____ EMAIL: _____

FOR PROPRIETORS, PARTNERS, AND CORPORATIONS IN THE U.S.

REQUIRED SIGNATURE DISCLOSURE: BY THE SIGNATURE OF THE APPLICANT (OFFICER, PRINCIPAL, OWNER, PARTNER, CONTROLLER), YOU HEREBY AUTHORIZE FAIRCHILD EQUIPMENT, INC. TO RUN A FULL INVESTIGATION OF YOUR CREDIT HISTORY INCLUDING, BUT NOT LIMITED TO, OBTAINING COMMERCIAL AND/OR CONSUMER CREDIT REPORTS. WE UNDERSTAND THAT FAIRCHILD EQUIPMENT, INC. HAS ALL RIGHTS TO REGULATE CREDIT TERMS AND LIMITS AT ANY TIME.

APPLICANT'S SIGNATURE: _____ DATE: _____

PERSONAL GUARANTEE

NOTE: IF YOUR BUSINESS IS IN OPERATON LESS THAN TWO YEARS, AND WOULD LIKE TO BE CONSIDERED FOR TERMS, A PERSONAL GUARANTEE WILL BE REQUIRED AND SENT CONTINGENT UPON A FULL CREDIT REVIEW, AND WHEREAS OTHERWISE DEEMED APPROPRIATE (I.E., POOR CREDIT SCORE).

PLEASE PROVIDE THE EMAIL ADDRESS FOR A PERSONAL GUARANTEE SIGNATURE: _____

STANDARD CONDITIONS -TERMS ARE NET 10 DAYS OR COD UPON CREDIT APPROVAL

TERMS OF SALE, INCLUDING TERMS OF PAYMENT AND CHARGES, FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. THE CUSTOMER HEREBY AGREES TO PAY ALL COSTS OF COLLECTION OR LEGAL FEES INCLUDING REPOSSESSION AND STORAGE FEES; SHOULD SUCH ACTION BE NECESSARY DUE TO NON-PAYMENT. THE ABOVE INFORMATION IS WILLINGLY SUPPLIED AND THE CREDITOR IS AUTHORIZED TO CONTACT THE ABOVE BANK AND TRADE REFERENCES IN ORDER TO ESTABLISH THE CREDITWORTHINESS OF THE ABOVE NAMED COMPANY. THE CREDITOR IS ALSO AUTHORIZED TO OBTAIN CREDIT REPORTS ON THE PROPRIETORS, PARTNERS OR PRINCIPALS IF DEEMED NECESSARY FOR CREDIT APPROVAL. SHOULD CREDIT AVAILABILITY BE GRANTED BY THE CREDITOR, ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION SHALL BE IN THE SOLE DISCRETION OF THE CREDITOR. THE CREDITOR MAY TERMINATE ANY CREDIT AVAILABILITY WITHIN ITS SOLE DISCRETION.

THE TERMS AND CONDITIONS OF THIS CREDIT APPLICATION WILL BE PERPETUAL TO ANY FUTURE TRANSACTIONS BETWEEN THE GRANTOR AND GRANTEE.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM.

Please the requested method of payment: _____ N10 _____ COD

APPLICANT'S NAME: _____ **TITLE:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR INTERNAL USE ONLY:

DATE APPLICATION RECEIVED: _____ APPROVED BY: _____
ENTERED BY: _____ TERMS: _____