



CREDIT APPLICATION

Phone : (805) 485-0577 x100
 Fax : (805) 983-2773
 E-Mail : AR@powermachinery.com

COMPANY INFORMATION

APPLICANT'S LEGAL NAME			NATURE OF BUSINESS		
DBA			ACCTS PAYABLE CONTACT		
BILLING ADDRESS				TELEPHONE	
CITY		STATE	ZIP	FAX	
SHIPPING ADDRESS				E-MAIL	
CITY		STATE	ZIP	YEAR BUSINESS STARTED	
TYPE OF ORGANIZATION			Incorporated in State of		FEDERAL TAX ID #
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation -					
CA SALES TAX STATUS			Please attach appropriate certificate		SPECIAL COUNTY OR CITY TAX DISTRICT?
<input type="checkbox"/> Taxable <input type="checkbox"/> Partial Farm <input type="checkbox"/> Resale <input type="checkbox"/>					<input type="checkbox"/> No <input type="checkbox"/> Yes - tax rate is

PURCHASE ORDER REQUIRED

No
 Yes
 Individual PO issued
 Blanket PO used for jobs under \$ _____
 Verbal PO OK Authorized Buyers - _____

AUTHORIZATION

In consideration of POWER MACHINERY CENTER ("PMC") extending credit to Applicant, Applicant promises to pay for all purchases within the payment terms as stated on every PMC invoice and agrees to pay a service charge of 1-1/2% per month (18% annual percentage rate) on all past due balances. Applicant further agrees to pay all reasonable collection costs, including attorney and litigation fees, in the event that this account becomes delinquent and PMC determines that it is necessary to incur such costs.

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extension of credit. The undersigned warrants that the information submitted is true and accurate.

The undersigned hereby authorizes PMC or its authorized agent(s) to make whatever inquiries that may be considered necessary and appropriate to any person, banking institution, credit reporting agency, or reference listed herein in evaluating this Credit Application.

The undersigned represents that he/she has the authority to request PMC to extend credit and to commit the Applicant to all terms and conditions stated herein.

 NAME (Please Print)

 SIGNATURE

 DATE

 TITLE

Please do not write in the space below



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Please attach your standard business information profile sheet or complete the following

BANK INFORMATION

BANK NAME	ACCOUNT #	CONTACT
ADDRESS	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	TELEPHONE
CITY	STATE ZIP	FAX

TRADE REFERENCES

NAME	CONTACT
ADDRESS	TELEPHONE
CITY	STATE ZIP FAX

NAME	CONTACT
ADDRESS	TELEPHONE
CITY	STATE ZIP FAX

NAME	CONTACT
ADDRESS	TELEPHONE
CITY	STATE ZIP FAX

NAME	CONTACT
ADDRESS	TELEPHONE
CITY	STATE ZIP FAX



COMPANY NAME

SIGNATURE