



CORPORATE OFFICE:
 2140 HUTSON RD
 GREEN BAY, WI 54303-4789
 800.289.9253
 920.494.1440 (FAX)

NORTHERN DIVISION: 920.494.8726
 SOUTHERN DIVISION: 262.289.9600
 WESTERN DIVISION: 763.434.3832

FAIRCHILD EQUIPMENT, INC. CREDIT APPLICATION AND AGREEMENT

IS A PO REQUIRED: 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 SS # _____

SOLE PROPRIETORS ARE REQUIRED TO INCLUDE THEIR SS#, as well as OWNERS WITH LESS THAN 2 YEARS IN BUSINESS

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, 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, & 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: **X** _____ 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 **X** the requested method of payment: N10 _____ COD _____

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

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

FOR INTERNAL USE ONLY:

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