

CREDIT APPLICATION

Grand Junction Branch
PO Box 1848
Grand Junction, Co 81501
(970) 243-0722 phone
(970) 243-0726 fax

Colorado Springs Branch
2940 E Las Vegas St
Colo. Springs, CO 80906
(719) 392-1155 phone
(719) 390-9604 fax

Casper Branch
7058 Salt Creek Hwy, #1
Casper, Wyoming 82601
(307) 577-9700 phone
(307) 577-9703 fax

Albuquerque Branch
567 B Comanche Ln., NE
Albuquerque, NM 87107
(505) 344-9466 phone
(505) 345-4715 fax

No Application will be processed that is not filled out completely including second page.

BUSINESS INFORMATION:

We operate as (check one): Individual Partnership Corporation Federal ID# _____

Trade Name: _____

Owner's Name (if individual): _____ SSN: _____ Spouse's Name _____

Headquarter Address: _____ City/State: _____ Zip: _____ Phone: _____

Local Business Address: _____ City/State: _____ Zip: _____ Phone: _____

Billing Address: _____ City/State: _____ Zip: _____ Phone: _____

Resident Address: _____ City/State: _____ Zip: _____ Phone: _____

Year Business Started: _____ General Nature of Operation: _____ County: _____

Registered Agent: _____ Address: _____

ATTACH CERTIFICATE OF GOOD STANDING

PARTNERS OR OFFICERS:

Name: _____ Title: _____ SSN: _____

Address: _____ Driver's License # & State: _____ D/O/B: _____

Name: _____ Title: _____ SSN: _____

Address: _____ Driver's License # & State: _____ D/O/B: _____

Name: _____ Title: _____ SSN: _____

Address: _____ Driver's License # & State: _____ D/O/B: _____

CREDIT DATA:

Bank: _____ Address: _____ City/State: _____ Zip: _____

Name on Account: _____ Account #: _____ Routing #: _____

ATTACH COPY OF VOIDED BLANK CHECK

TRADE REFERENCES (Please give FULL ADDRESS of references):

1. _____ Address: _____ City/State/Zip: _____

Phone #: _____ Fax#: _____ Contact: _____ Credit Limit: _____

2. _____ Address: _____ City/State/Zip: _____

Phone #: _____ Fax#: _____ Contact: _____ Credit Limit: _____

3. _____ Address: _____ City/State/Zip: _____

Phone #: _____ Fax#: _____ Contact: _____ Credit Limit: _____

INSURANCE INFORMATION:

Insurance Company: _____ Agent: _____

Physical Damage with: _____ Limits of Coverage: _____

Dates of Coverage: _____ Will equipment being purchased be included in above coverage? _____

ATTACH COPY OF INSURANCE POLICY

MISCELLANEOUS:

Any judgments/suits pending? _____ If yes, give details: _____

Jurisdiction: _____ Case #: _____

Bankruptcy? _____ If yes, give details - Year: _____ Jursdiction: _____ Case #: _____

Ever done business under another name? _____ If yes, what name? _____

BILLING DATA:

Accounts Payable Contact: _____ Phone #: _____

Do you require purchase orders? _____ Resale? _____ If yes, Resale License #: _____

ATTACH COPY OF RESALE LICENSE, IF APPLICABLE

CREDIT APPLICATION MAY BE FAXED TO THE CREDIT DEPT. AT OUR MAIN OFFICE IN DENVER FAX (303) 288-6809

CREDIT AGREEMENT

By signing this agreement, we agree as follows:

We will pay all invoices Net 30 days following date of the invoice. Invoices for machines shall be paid as specified on the invoice. If these amounts are not paid when due, we agree to pay Power Equipment Company, in addition to all amounts due, interest at the rate of 18% per annum, together with all costs, expert witness fees, and reasonable attorneys' fees incurred in collecting these amounts. Delinquent accounts in excess of 90 days will automatically be put on COD. We also agree that this credit application and agreement shall be enforced and construed pursuant to the laws of The State of Colorado. Any claims that arise out of the manufacture, sale, use, collection, operation, maintenance, or repair of any parts or equipment sold under this agreement, or out of any services provided under this agreement, shall be brought in the City and County of Denver, Colorado. We hereby agree to jurisdiction and venue in such court. The undersigned hereby authorize Power Equipment Company to procure any individual consumer report relative to the business credit investigation on this company. We authorize any bank or financial institution to release information on our accounts. Facsimile signature may be evidenced as original signature.

Signed: _____ Title: _____

Company: _____ Date: _____

PERSONAL GUARANTY

In consideration for Power Equipment Company ("Creditor") extending credit to _____ ("Company") on or after this date, the undersigned guarantor (s) ("Guarantors"), jointly and severally, hereby personally guarantee unconditionally the prompt payment of any sums or obligations which are now or shall hereafter become due and owing by the Company to Creditor. It is understood and agreed that credit, if extended, is to be on a continuing basis, and Creditor shall not be obligated to notify the Guarantors of the dates or amounts of any such credit, that the Guarantors waive demand and notice of default and agree that any extension of time or other forbearance which may be granted by Creditor shall not affect or alter Creditor's right under this guaranty.

The Guarantors for themselves and the above-named Company further agree to pay a service charge of 1 ½ % per month (18% per annum) on all past-due balance as well as all costs and expenses Creditor may incur in connection with the collection of any past due balance or any other default by the Company on any agreement or transaction the Company may enter into with Creditor including, without limitation, reasonable attorney's fees and deposition fees. The Guarantors for themselves and the Company understand and agree that in signing this guaranty, they are submitting themselves to the jurisdiction of Colorado and its courts and, in the event that litigation arises between the Creditor and the Company and/or any of the Guarantors and at the sole option of the Creditor, jurisdiction will be appropriate in Colorado and venue proper in the county of _____.

This guarantee shall remain in full force and effect until thirty (30) days after the delivery of a written notice sent registered or certified mail, return receipt requested, addressed to Power Equipment Company signed by the Guarantors and advising Creditor of their intent to revoke the guaranty. Such revocation shall apply only to transactions entered into subsequent to the date such revocation becomes effective and shall not affect, in any manner, the obligations incurred prior to the date that such revocation becomes effective.

This obligation of the Guarantors shall remain effective and be enforceable regardless of any subsequent incorporation, reorganization, merger, or consolidation of the Company or any other change in the composition, nature, personnel or location of the Company. This guaranty shall inure to the benefit of Creditor, its successors and assigns and shall bind the heirs, executors, personal representative, administrators and other successors of the Guarantors.

Signature of Guarantor (no titles)

Signature of Guarantor (no titles)

Name of Guarantor (please print)

Name of Guarantor (please print)

Residential Address

Residential Address

Home Phone Number

Home Phone Number

Date

Date

Social Security No.

Social Security No.