

Line Equipment Sales Co, Inc.

Post Office Box 3269 ♦ West Columbia, South Carolina 29171-3269

(803) 822-8100
(803) 822-8561 Fax

Toll Free (800) 922-3590

CREDIT APPLICATION

Name of Business _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ County _____ Corporation _____
Home Office _____ How Long in business _____ What State _____
Shipping Address _____

Mailing Address _____

Type of Business _____
Purchase Orders Required _____
Individuals authorized to purchase _____
Credit Limit Desired _____
Company Officers or Partners:
(Please list name, title, and phone #)

If business is a corporation, give federal I.D. No. _____

If business is a sole proprietorship or partnership give social security number(s) for the individual listed above :

Name of officer to contact for credit information: _____
Banks with _____ Address _____

Checking _____ Loans _____

Name of officer, manager handling your account: _____

Checking Account # _____ Other numbers _____

Trade References:

1. _____ (Name) _____ (Address) _____ (Phone)
2. _____ (Name) _____ (Address) _____ (Phone)
3. _____ (Name) _____ (Address) _____ (Phone)

Please list your tax number if you are exempt from sales tax.

What state issued and resale number _____

Please attach a resale certificate with your application if you are exempt from sales taxes. Tax exemption cannot be allowed without certificate.

Have you ever been in business before _____ Where? _____

Company _____

Have you ever failed in business or been associated with a company that has failed?
_____yes _____no.

Do you have any judgments, suits, claims or tax liens or levy's against your company? _____

In the event this account is placed in the hands of an attorney for collection or suit is instituted to collect the same or an portion thereof, I and/or we agree and promise to pay a reasonable attorney's fees as limited by the current law.

Purchases and/or deliveries are herewith authorized to be made without signature.

I UNDERSTAND THAT LINE EQUIPMENT SALES CO'S CREDIT TERMS ARE; NET DUE 30 DAYS AFTER WHICH A SERVICE CHARGE OF 1-1/2% WHICH IS 18 PERCENT ANNUALLY WILL BE MADE ON THE UNPAID BALANCE. I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE AND CORRECT, AND THAT IOR WE WILL BE PERSONALLY RESPONSIBLE FOR ANY DEBTS INCURRED WITH EUS ON THE ACCOUNT.

DATE _____ SIGNATURE _____