CREDIT APPLICATION

Exercise Section 2 and 2	KEVII A	PPLICATION	Note: FAILURE TO INCLUDE FAX NUMBERS FOR REFERENCES will result		
EAU CLARGE TO THE CALL AND THE CONTROL OF A CLARGE TO THE CALL AND THE CONTROL OF A CLARGE TO THE CALL AND THE CA	Farrell Ec	quipment & Supply Co., I	nc. in application being returned without processing. Credit application processing could take up to 3 days or more according to how prompt <u>your references respond.</u> Please fill out the following credit application making sure to have the proper signatures on the second page. If you		
Company Lagel Name: [Charle envir); Billing Address: Physical Address: City: State : County: County: Business Phone: County: Company Fax: Sales Enroil Address: AP Emoil Address: Call Phone: Company Fax: Soles Enroil Address: AP Emoil Address: Requested Credit Line: \$ Legal Status: Corporation Partmership LLC Legal Status: Corporation Partmership LLC Date of Incorporation: State of Incorporation: Taxable Non-Taxable (arback cap) of exemption certificate, otherwise takes tax will be charged). Officers / Owners of Company Officers / Owners: 1) Name: Tritle: Bate of Birth Driver's License # 2) Name: Tatel State Isoned Forx: Call/Home Phone: City/State/Zip: Date of Birth Driver's License # State Isoned State Isoned 2) Name: Tate: Phone: Fax: Call/Home Phone: City/State/	715-835-4334 • Fax 1510 N. Hastings Way, Ed LA CROSSE 608-796-9300 • Fax: 608-796-9435 508 Monitor Street, La Crosse, WI 54603 ST. PA 651-756-8932 • Fax: 2310 Ventura Dr., Woo	: 715-835-4356 920-903-1985 • Fax: 920-903-8278 : 20 Claire, WI 54703 1002 Truman Street, Kimberly, WI 54136 MADISON ROCHESTER 608-222-5372 • Fax: 608-222-5405 507-252-0234 • Fax: 507-25 6809 Mangrove Lane, Monona, WI 53713 1635 3rd Ave. S.E., Rochester, M UL WAUSAU	are tax-exempt, please enclose a tax-exempt certificate, without the form your purchases will include tax until we receive the tax-exempt form. If you have any questions please call us at 715-835-4334. Thank you for your assistance. This credit application is presented to you by the request of our representative: Email to: office@farrellequipment.com Fax to: 715-835-4356		
Billing Address: Physical Address: City: State : Zip: County: County:					
City: State:					
Gounty:					
Business Phone:					
Company Fax: Sales Email Address: A/P Email Address:					
A/P Email Address:					
Nature of Business:					
Legal Status: Corporation Partnership LLC LLP Sole Proprietorship Other: Years in business: Fed Tax ID#: Date of Incorporation: State of Incorporation:					
Fed Tax ID#:					
Taxable Status: Taxable (strach copy of exemption certificate, otherwise soles tax will be charged). Officers / Owners of Company: 1) Name:					
Officers / Owners of Company: 1) Name:					
1) Name:			e sales fax will be charged).		
S.S. #: Cell/Home Phone: City/State/Zip: Date of Birth Driver's License # State Issued 2) Name: Cell/Home Phone: City/State/Zip: Date of Birth City/State/Zip:	1) Name:	Title:	Home Address:		
Date of Birth State Issued					
S.S. #:					
S.S. #: Cell/Home Phone: City/State/Zip: Date of Birth Driver's License # State Issued Credit References (NO Banks, Material and Product Suppliers Only) - three references are required:	2) Name:	Title:	Home Address:		
Date of Birth					
Credit References (NO Banks, Material and Product Suppliers Only) - three references are required: 1) Name:					
Phone: Fax: City/State/Zip: 2) Name: Phone: Fax: City/State/Zip: 3) Name: Phone: Fax: City/State/Zip: Address: Address: Address: Address: Address: Do you require Purchase Orders: Yes No Do you require Purchase Orders: Yes No					
Phone: Fax: City/State/Zip: 2) Name: Phone: Fax: City/State/Zip: 3) Name: Phone: Fax: City/State/Zip: Address: Address: Address: Address: Address: Do you require Purchase Orders: Yes No Do you require Purchase Orders: Yes No	1) Name:		Address:		
2) Name: Address: Phone: Fax: Gity/State/Zip: 3) Name: Phone: Fax: City/State/Zip: Address: Address: Address: Address: Address: Address: Address: Do you require Purchase Orders: Yes No Do you require Purchase Orders: Yes No					
Phone:					
3) Name: Address: Phone: Fax:City/State/Zip: Account Preferences: Do you require Purchase Orders: Yes No Do you require Job Numbers: Yes No					
Phone: Fax: City/State/Zip: Account Preferences: Do you require Purchase Orders: Yes No Do you require Job Numbers: Yes No No					
Account Preferences: Do you require Purchase Orders: 🗅 Yes 🗅 No Do you require Job Numbers: 🗅 Yes 🗅 No					
		·	en/,5005,21p		
			🗅 Yes 🗔 No		

INSTRUCTIONS

SALES AGREEMENT

The undersigned in consideration for the terms of sale herein and for the extension of credit by Farrell Equipment & Supply Co., Inc. hereby agrees that the terms of sale are: **Net 30 days**, and further, that 1-1/2% per month service charge (18% per annum) will be added on any past due portion. In event of default in payment, and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. The undersigned does hereby certify that the information contained is true and correct, and that no bankruptcy has been taken, nor any judgements are open, and further, agrees that any changes in ownership, officers, or form that the business operates as shall be made known to Farrell Equipment & Supply Co., Inc.

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above.

Name	(Owner/ Officer)	Title	Signature
Name	(Owner/ Officer)	Title	Signature

INDIVIDUAL PERSONAL GUARANTEE

(ir	ndividual), residing at _	/
for and in consideration of your extending c	redit at my request to	
(name of Company) of which I am		(title), hereby personally guarantee
payment to Farrell Equipment Supply Co., Ir	nc. in the state of Wisc	consin any obligation of the Company
and I hereby agree to bind myself to pay yo	ou on demand any sur	n which may become due to you by the
Company whenever the Company shall fail	to pay the same. It is	understood that the guarantee shall be
a continuing and irrevocable guarantee and	l indemnity for such ir	debtedness of the Company. I do here-
by waive notice of default, non-payment and	d notice thereof and c	onsent to any modification or renewal
of the credit agreement hereby guaranteed.		
	//	
Signature	Date	Witness
	TO: 715-8	95 A956
Fautoment & Supplu Co. Inc.		

Office Use Only									
References Checked By:	_ Date Approved:		Date Letter Sent: / /						
Credit App Credit Ref	Credit Ln	Date	Store Code: EC LAX WA RO						

or mail to: 1510 N. Hastings Way, Eau Claire, WI 54703

Page 2 of 2