



Dear Customer:

Thank you for your request to open an Arlington Power Equipment credit account.

Please complete the attached customer credit application in its entirety, in particular ***ensuring that all fax numbers are provided, and the personal guarantee is signed.*** The person financially responsible for the purchases must sign the form and include a copy of their driver's license.

Return the completed credit application by fax to (847) 241-1535. Once your credit application has been received, it will be processed. Note that the process can take several days – it mostly depends on how quickly your trade references reply to fax requests.

**If you are a tax exempt organization, we will need a copy of your tax exempt letter from the state. If you are a reseller and the items you will be purchasing are for resale, we will need a CRT-61 form filled out. If we do not receive either of these documents, your account will not be set up as tax exempt. And therefore you will have to pay sales tax.*

Thank you.

APPLICATION FOR CREDIT

Date: _____ Credit Limit Requested: _____

Complete Legal Business Name of Applicant: _____ Phone Number: _____

Name and capacity of Person Making Application for Business: _____

Phone Number: _____

Business Address: _____ Fax Number: _____

City, State, and Zip: _____ E-mail: _____

Type of business: Corporation Partnership Limited Liability Sole Proprietorship Municipal

Purchase: Taxable Tax Exempt Tax I.D. Number: _____

How long has business been established: _____ Company Annual Sales: _____

Type of business: _____

Accounts Payable Contact: _____ Accounts Payable Phone Number: _____

REFERENCES

Bank Information:

Company Name/Legal: _____ Phone Number: _____

Address: _____ Fax Number: _____

City, State, and Zip: _____ E-mail: _____

Business References:

Company Name/Legal: _____ Phone Number: _____

Address: _____ Fax Number: _____

City, State, and Zip: _____ Account Number: _____

Business References:

Company Name/Legal: _____ Phone Number: _____

Address: _____ Fax Number: _____

City, State, and Zip: _____ Account Number: _____

Company Name/Legal: _____ Phone Number: _____

Address: _____ Fax Number: _____

City, State, and Zip: _____ Account Number: _____

ADDITIONAL DISCLOSURES

In consideration of the granting and extension of credit by **Arlington Power Equipment Inc.**, to **Applicant** it is hereby agreed the **Applicant** will promptly pay any indebtedness of **Application to Arlington Power Equipment Inc.** by the 10th day of the month following the month of purchases. In the event said account balance is not paid by the 10th day of the month following the month of purchase, then in that event interest shall accrue thereon at the rate of 1.5% per month until paid and **Arlington Power Equipment Inc.** reserves the right to, without notice, refuse further purchases on credit and to declare the balance immediately due. In the event of default by **Applicant**, the **Applicant** agrees to pay **Arlington Power Equipment Inc.** all expenses incurred by it in the collection of this dept, including reasonable collection fees, reasonable attorney fees and costs. The **Applicant** warrants that all information disclosed in this application is true and correct. The **applicant** further authorizes **Arlington Power Equipment, Inc.** and any person and/or entity identified herein as a "Reference" to disclose such information about the **Applicant** as is necessary to verify the information presented in this application. The **Applicant**, by signing this application, certifies that he/she has read the agreement, understands the terms contained therein, and agrees to be bound by the terms of the agreement.

Signature: _____

Print Name: _____

Position or Title: _____

PERSONAL GUARANTEE

In consideration of Arlington Power Equipment, Inc. extending credit to the aforementioned **Applicant**, the undersigned personally guarantees the timely payment and performance of all obligations created by this agreement by the **Applicant**. The undersigned waives notice of any modification, amendment, or extension of this Agreement and the undersigned understands that this person guarantee shall be enforceable against the undersigned without enforcing or initiating any proceeding or remedy against the **Applicant**.

Dated: _____

Printed Name of Guarantor

Home Address of Guarantor

Signature of Guarantor

Home Phone of Guarantor

OFFICE USE ONLY: Approved

Credit Limit: _____

Approved By: _____

Account Number: _____

The undersigned has recently applied for credit with Arlington Power Equipment.

The undersigned has been requested to provide information concerning my credit history. Therefore, I authorize the investigation of my credit information.

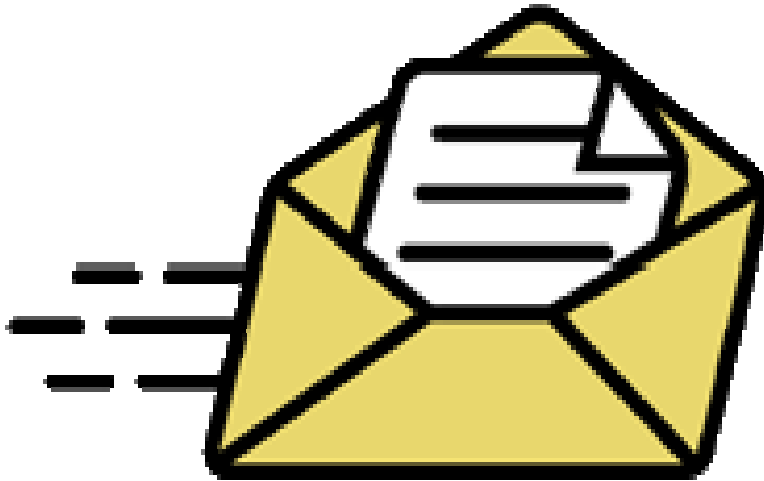
The release by you of information is authorized whether such information is of record or not. I do hereby release you and all persons, agencies, agents, employees, firms, companies, or parties affiliated with you from any damages resulting from providing such information.

This authorization is valid for thirty (30) days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you for your cooperation.

Signature: _____

Date: _____



Arlington Power Equipment's monthly statements are sent via email. Please provide us with the email address that you would like your statements emailed to.

(Please Print Clearly)

Name of Company: _____

Name of Contact: _____

Email Address: _____