

ACCU-CUT CREDIT APPLICATION

BROCKIE INTERNATIONAL, INC. ♦ 28114 COUNTY ROAD 561 ♦ TAVARES, FL 32778
VOICE: 800.527.7057 ♦ 352.742.0902 ♦ FAX: 352.742.0702

Application is hereby made for the extension of credit:

BUSINESS INFORMATION

Office Use Only:
LEA NIN SIX OTH

Full Legal Name _____

Billing Address _____

City/State/Zip _____

Telephone _____ Fax _____

Ship To Address _____

City/State/Zip _____

Type of Business: *proprietorship* _____ Number of Years in Business: _____

Partnership _____

Corporation _____

Federal ID Number _____

(required)

SS# of Owner(s): _____

(required)

Owners' Name(s): _____ Home Address: _____

PAYABLES

Contact Person _____ Title _____ Phone _____

BANK REFERENCE

Name of Bank _____ Branch _____ Phone _____

Address (City, State) _____

Bank Account # _____ Bank Contact _____

TRADE REFERENCES

Trade References (Name, City, State, Telephone Number)

1. _____ (____) _____

2. _____ (____) _____

3. _____ (____) _____

MACHINE INFORMATION

Model _____ Cost \$ _____ Lease Term _____

CONSENT

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby give my/our consent to have Brockie and/or their/its assigns to obtain any and all information regarding my/our employment, checking, and/or savings accounts, credit obligations, rental information and all other credit matters which they/it may require for the purpose of determining my/our credit worthiness. This consent is effective for a period of six months from the date of this consent. It is agreed and understood that all necessary collection and legal expenses and interest may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I/we further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within established terms. Lessee agrees that a facsimile copy of this Application and the Machine Delivery & Acceptance Form will be treated as an original and will be admissible as evidence of this Application and your unconditional acceptance of the Equipment.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____