

Power Pro Equipment

ACCOUNT INFORMATION FORM

COMPANY INFORMATION

NAME (as you would like it to appear on your account) _____

ADDRESS _____

Street and P.O. Box

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ CELL PHONE _____

SHIPPING ADDRESS (if different) _____

TYPE OF BUSINESS _____ YEAR ESTABLISHED _____ FEDERAL ID# _____

BUSINESS IS A/AN: CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____

PRINCIPLE OWNER _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

(Include Street, City, State, Zip)

PRINCIPLE OWNER _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

(Include Street, City, State, Zip)

ADDITIONAL CONTACT NAME(S) _____ DESIRED CREDIT LIMIT _____

ACCOUNTS PAYABLE CONTACT _____ PHONE _____ EXT _____

DO YOU REQUIRE PURCHASE ORDERS? _____ ARE YOU TAX EXEMPT? _____ (If so, please attach current certificate)

CREDIT REFERENCES

COMPANY NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMPANY NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK REFERENCE

BANK NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ ACCOUNT # _____

INSURANCE INFORMATION (For Rental Purposes)

INSURANCE AGENT _____ CONTACT _____ POLICY # _____

PHONE _____ FAX _____

ACCOUNT FORM COMPLETED BY _____

(Sign Name and Title and Date)

PRINT NAME AND TITLE _____

*BY SIGNING ABOVE, I HEREBY GIVE POWER PRO EQUIPMENT AUTHORIZATION TO OBTAIN CREDIT INFORMATION ON THE COMPANY AND PERSONS LISTED ABOVE. THIS AUTHORIZATION ALSO INCLUDES ANY ADDITIONAL NAMES PROVIDED TO POWER PRO EQUIPMENT IN ORDER TO MAKE A CREDIT DECISION REGARDING THE ABOVE. I UNDERSTAND THAT THIS INFORMATION WILL REMAIN CONFIDENTIAL BETWEEN POWER PRO EQUIPMENT AND THE PARTIES NAMED ABOVE.

FOR INTERNAL USE ONLY

APPROVED BY _____

TERMS _____

CREDIT LIMIT _____

SALESMAN CODE _____

ACCOUNT NUMBER _____

*****OVER*****

HOW DID YOU FIND OUT ABOUT US?

____ YELLOW PAGES _____ SALESMAN (name) _____
____ NEWSPAPER _____ OTHER (please specify) _____

DAMAGE WAIVER

DEFINITION

WHEREVER THE TERM EQUIPMENT IS USED, IT SHALL MEAN ANY ITEMS FOR RENT INCLUDING MOBILE AND/OR STATIONARY EQUIPMENT, AND ANY TOOLS FOR RENT.

LOSS OR DAMAGE OF EQUIPMENT

CUSTOMER IS LIABLE FOR ALL DAMAGE, LOSS, OR THEFT OF EQUIPMENT.

TERMS OF SALE/RENTAL

TERMS: NET 30 DAYS

POWER PRO EQUIPMENT HAS THE RIGHT TO SET AND/OR CHANGE PAYMENT TERMS AND CONDITIONS OF ANY AND ALL TRANSACTIONS, EITHER BY ORAL NOTICE, WRITTEN NOTICE, OR BY CHANGES IN THE TERMS AND CONDITIONS APPEARING ON POWER PRO EQUIPMENT INVOICES. SUCH CHANGES CAN BE MADE AT ANY TIME AND ANY NUMBER OF TIMES AT POWER PRO EQUIPMENT'S DISCRETION. POWER PRO EQUIPMENT MAY ALSO, IN ITS DISCRETION WITHOUT NOTICE REFUSE TO EXTEND CREDIT TO THE COMPANY AT ANY TIME.

A 1 ½% PER MONTH LATE CHARGE IS ADDED TO THE UNPAID BALANCE ON ACCOUNTS PAST DUE PER TERMS REFERENCED ABOVE. THIS IS AN 18% ANNUAL PERCENTAGE RATE. PAYMENT OF AN INVOICE SHALL NOT ELIMINATE LIABILITY FOR ANY SERVICE CHARGES OR COSTS OF COLLECTIONS, COST OF SUIT, AND/OR ATTORNEYS FEES ASSESSED ON INVOICES.

PAST DUE ACCOUNTS WILL BE REFERRED FOR COLLECTION. IN THE EVENT THE SERVICES OF A COLLECTION AGENCY OR LEGAL INSTITUTION ARE REQUIRED TO SECURE PAYMENT OF THIS ACCOUNT OR ANY INVOICES ON THIS ACCOUNT, THE COMPANY WILL BE LIABLE FOR ALL COSTS.

AFTER READING THE DAMAGE WAIVER AND TERMS OF SALE/RENTAL, I ACCEPT THEM AS INDICATED ABOVE.

(Sign Name and Title)

(Print Name and Title)

*THANK YOU FOR YOUR INTEREST IN POWER PRO EQUIPMENT.
WE LOOK FORWARD TO WORKING WITH YOU IN THE FUTURE.*

PLEASE MAIL COMPLETED FORM TO: POWER PRO EQUIPMENT
780 EAST MAIN STREET
NEW HOLLAND, PA 17557

OR FAX TO: 717-355-2466
ATTN: CREDIT