



APPLICATION FOR CREDIT

(* = Required information)

*Company Name _____ *Type of Business _____

*Billing Address _____ *Years in Business _____

*Physical Address, if PO Box _____

*Phone Number (____) _____ *Fax Number (____) _____ *Cell Number (____) _____

*Business Type: _____ Sole Proprietorship _____ Partnership _____ Corporation – in the State of _____ Tax ID# _____

*Contractors License # _____ *Contact person for purchase orders and invoice payments _____

Guarantor's : *DOB _____ *SSN _____ *Driver's License Number _____

Corporate or Partnership Name, if different from above _____

*Bonding Company: Name, Address & Phone Number: _____

*Have you declared bankruptcy in the past 7 years? ____ No ____ Yes

*Name, address & phone number of individuals, partners or corporate officers: _____

*Is this business tax exempt? _____ No _____ Yes. *Are purchase orders required? _____ No _____ Yes

*Are authorized signatures required to charge on this account? _____ No _____ Yes

If Yes, person(s) authorized to charge on account: _____

*Bank reference: Bank name, account number, contact person & phone number _____

*Credit/Trade references: Name, address, contact, phone number & *fax number. (Minimum of three).

1). _____

2). _____

3). _____

*Credit limit applying for: \$ _____ Credit Card to have on file # _____ Exp. _____ CCV code _____

GUARANTY: The undersigned, jointly and severally, hereby unconditionally guaranty and warrant the full and complete payment and performance of all obligations of the principal in accordance with the terms thereof, including all costs, expenses and attorney fees. This guaranty shall take effect upon execution hereof and shall continue until all charges incurred by the applicant have been paid in full. The liability of each of the undersigned is direct and unconditional and may be enforced without requiring DRACO Equipment Co, Inc. to first resort to any other right, remedy or security. We may be pulling the credit of the Guarantor(s) if needed.

*GUARANTOR (Please Sign and Print Name)

GUARANTOR

The above information is herewith submitted for the purpose of opening a credit account and I do hereby certify this information to be true. I understand that the terms of these accounts will be as follows: Net 15 days from the date of the invoice. Cutoff date for monthly statements is the 20th of the month. An interest charge of 1.5% monthly will be charged on all items not paid within these terms. I authorize all above named references to provide to DRACO Equipment Co., Inc. information sufficient to establish our credit standing.

*SIGNATURE

DATE

(Mailing Address)
DRACO Equipment Co
P.O. Box 1834
Idaho Falls, ID 83403

(Physical Address)
DRACO Equipment Co.
1649 Woodruff Park
Idaho Falls, ID 83401

208-529-2262 Office
208-561-2172 Fax
208-520-6161 Cell