



CUSTOMER CREDIT APPLICATION & AGREEMENT

Please return the completed form to: credit@rmseq.com or fax 952-895-9564

CUSTOMER INFORMATION

Company Name _____
Social Security# *OR* Federal Tax ID# _____ State of Incorporation _____
Mailing Address _____
City _____ State _____ Zip Code _____ County _____
Physical Address _____
(If different than above)
City _____ State _____ Zip Code _____ County _____
Work Phone # _____ Cell Phone # _____ Fax # _____
Contact Person _____ Contact Email _____
Purchase Order Required Yes ☐ No ☐ Years in Business _____
Type of Business Individual ☐ Sub 'S' Corp. ☐ LLC ☐ Partnership ☐
(Limited or General)
Business Description _____
Taxable Yes ☐ No ☐
(If no, valid tax exemption certificate must be furnished with application; Tax will be billed until certificate is received.)

PRINCIPALS AND OFFICERS OF BUSINESS

| Name (Officer, Partner, or Owner) | Address | Title | Social Security # | % Owned |
|-----------------------------------|---------|-------|-------------------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

BANK REFERENCE

| Name | Address | Contact Name | Phone # | Account # |
|-------|---------|--------------|---------|-----------|
| _____ | _____ | _____ | _____ | _____ |

TRADE REFERENCES

| Company | Address | Contact Name | Phone # | Account # |
|---------|---------|--------------|---------|-----------|
| _____ | _____ | _____ | _____ | _____ |

INSURANCE

| Agency Name | Address | Agent Name | Phone # | Account # |
|-------------|---------|------------|---------|-----------|
| _____ | _____ | _____ | _____ | _____ |

| | | |
|---|------------------------------|-----------------------------|
| Have you ever filed for bankruptcy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has a judgment ever been filed against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any pending suits against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

APPLICATION IS INVALID UNLESS SIGNED ON THE BACK OF THIS PAGE. OVER FOR ADDITIONAL TERMS.



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The undersigned authorizes Road Machinery & Supplies Co., its affiliated companies and/or its assigns to obtain commercial or consumer information about the undersigned from any credit reporting agency and hereby authorizes the named bank(s), financial institution(s) or trade reference(s) to release such information as is necessary to establish credit with Road Machinery & Supplies Co.; and hereby grants express permission to Road Machinery & Supplies Co., its designee or any assignee to transmit to the following and other facsimile machines of the undersigned any information relating to any products purchased or rented by the undersigned with credit established with Road Machinery & Supplies Co. or its designee. Also indicated is my approval for Road Machinery & Supplies Co. and/or its affiliated companies to send me information by mail, fax, or email at the number and/or address listed above. The undersigned will also advise Road Machinery & Supplies Co. in writing of any number changes in or additions or deletions to its facsimile machine or email address.

Approval Yes ☐ No ☐ Fax Number or Email _____

Choice of venue and jurisdiction: Applicant consents to jurisdiction in the State of Minnesota, County of Scott. Applicant agrees that any litigation between the applicant and Road Machinery & Supplies Co. may be brought in Scott County District Court, State of Minnesota and the applicant agrees and consents to such venue. I/We further agree to reimburse Road Machinery & Supplies Co. for its legal fees and costs involved in the collection of any monies owed as a result of the applicant's failure to pay in a timely fashion on the applicant's open accounts with Road Machinery & Supplies Co. and/or any other legal fees incurred as a result of the applicant's breach of contract with Road Machinery & Supplies Co. Finance charges will be assessed on past due invoices at a rate of 1.5% per month (18% annually).

Road Machinery & Supplies Co. reserves the right to not extend further credit to accounts that are not current. I/We certify that each of the statements made and answers given in this application are true and correct and this application is made for the purpose of inducing Road Machinery & Supplies Co. to extend credit to the applicant. ****Important**** Application must be signed and dated. Social security number(s) must be completed for individuals and partnerships.

Applicant Name _____

Applicant Signature _____ *Title* _____ *Date* _____

PERSONAL GUARANTY

In consideration of Road Machinery & Supplies Co. extending credit to the applicant, we the undersigned jointly and severally, as individuals, absolutely and unconditionally guarantee the full and prompt payment to Road Machinery & Supplies Co. of any and all indebtedness, liabilities, and obligations of the applicant, on the same terms as the applicant, to Road Machinery & Supplies Co., now or hereafter existing. If the applicant defaults in any payment or violates any other terms or conditions of any contract or agreement between the applicant and Road Machinery & Supplies Co., the undersigned agrees to pay upon demand such indebtedness, liabilities, and obligations of the applicant, together with any expenses and costs of collection at any time paid or incurred by Road Machinery & Supplies Co. including the actual attorney's fees incurred by Road Machinery & Supplies Co., whether or not in connection with a judicial proceeding, in attempting to collect such indebtedness, liabilities and obligations and in enforcing this Guaranty.

By signing below, the undersigned individual(s), provides written instruction to the creditor or the creditor's designated agents and affiliates authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such creditor additional credit and for reviewing or collecting the resulting account. I/we affirm my/our identity as the respective individuals identified in the above application. A photocopy or facsimile copy of the authorization shall be as valid as the original.

Name: (Print or Type) _____ *Signed* _____ *Date* _____

Residence Address of Guarantor _____ *Social Security Number* _____