

CREDIT APPLICATION

Company Names			
Company Name:			
Contact Person:			
Billing Address:		Shipping Address (if diffe	erent):
Telephone:		Fax:	
A/P Contact:		Email Address:	
		Receive invoices and statements l	oy email? YESNO
CORPORATION:	PARTNERSHIP:	SOLE PROPRIETOR:	HOW LONG?
Federal Tax # (or Soc. Sec.	#):	Sales Tax Exempt? YES If YES, please attach Sales Ta	NO x Exemption/Resale Certificate.
CREDIT LIMIT REQUE	STED:	PURCHASE ORDER REQUIRED	9? Yes No
Accounts withVariance from	paid within thirty (30) th invoices over sixty (6	days will be charged a 1 ½ % F 50) days will be put on COD. allowed unless granted with the c. (UTNE).	<u> </u>
policies listed above. collection in addition contract will be inter to be subject to the ju	I/we further agree that to court costs or attor preted in accordance w	lue UTNE will be paid in accord at should it be necessary, I/we we ney fees incurred by UTNE rela with New Hampshire law. Credi s of New Hampshire with regard y overdue invoices.	ill pay any costs of tive to our account. This tor and Guarantor agree
Signatur	re -	Title	Date
Application m	•	an officer or owner of all mailed to UTNE.	the company and
	PERS	ONAL GUARANTY	
England, Inc. a conti payment of all indebt	nuing guaranty of payi tedness including accru	privileges, I (we) hereby grant Ument of this account and agree the interest, attorney's fees and irrevocable guaranty of payments.	o personally guaranty costs of collection. This

Personally and Individually

Personally and Individually

Utility Trailers of New England, Inc. CREDIT APPLICATION

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Signature	Title	Date
ANK REFERENCE (OPERATING	CHECKING ACCOUNT):	
ame:	Telephone:	
address:	Fax:	
	Contact:	
(* * * WE CANNOT	TRADE REFERENCES F PROCESS YOUR REQUEST WITHOUT R	EFERENCES * * *)
PL	F PROCESS YOUR REQUEST WITHOUT R LEASE INCLUDE CURRENT <u>FAX</u> NUMBER	
PL	PROCESS YOUR REQUEST WITHOUT RELEASE INCLUDE CURRENT <u>FAX</u> NUMBER FAX Number:	RS
Name:Address:	F PROCESS YOUR REQUEST WITHOUT R LEASE INCLUDE CURRENT <u>FAX</u> NUMBER FAX Number:	RS
Name:Name:	PROCESS YOUR REQUEST WITHOUT R LEASE INCLUDE CURRENT <u>FAX</u> NUMBER FAX Number: FAX Number: FAX Number:	RS
PI Name:Address:	FPROCESS YOUR REQUEST WITHOUT R LEASE INCLUDE CURRENT <u>FAX</u> NUMBER FAX Number: FAX Number: FAX Number:	RS

Please complete application IN FULL and return to:

Utility Trailers of New England, Inc. 242 Route 107 Seabrook, NH 03874