

CREDIT APPLICATION

Company Name:	
Contact Person:	
Billing Address:	Shipping Address (if different):
Telephone:	Fax:
A/P Contact:	Email Address: Receive invoices and statements by email? YES
CORPORATION: PARTNERSHIP: _	SOLE PROPRIETOR: HOW LONG?
Federal Tax # (or Soc. Sec. #):	Sales Tax Exempt? YES NO If YES, please attach Sales Tax Exemption/Resale Certificate.
CREDIT LIMIT REQUESTED:	PURCHASE ORDER REQUIRED? Yes No

CREDIT POLICY:

- Terms: Net 30 days.
- Invoices not paid within thirty (30) days will be charged a 1 ½ % Finance Charge.
- Accounts with invoices over sixty (60) days will be put on COD.
- Variance from these policies is not allowed unless granted with the prior written approval of Utility Trailers of New England, Inc. (UTNE).

I/we understand and agree that all monies due UTNE will be paid in accordance with the credit policies listed above. I/we further agree that should it be necessary, I/we will pay any costs of collection in addition to court costs or attorney fees incurred by UTNE relative to our account. This contract will be interpreted in accordance with New Hampshire law. Creditor and Guarantor agree to be subject to the jurisdiction of the courts of New Hampshire with regard to any disputes including but not limited to collection of any overdue invoices.

SignatureTitleDateApplication must be signed by an officer or owner of the company and
the original mailed to UTNE.

PERSONAL GUARANTY

In consideration for the extension of credit privileges, I (we) hereby grant Utility Trailers of New England, Inc. a continuing guaranty of payment of this account and agree to personally guaranty payment of all indebtedness including accrued interest, attorney's fees and costs of collection. This guaranty is an absolute and unconditional, irrevocable guaranty of payment and performance.

Personally and Individually

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I/we hereby grant permission to use the following referenced information for the purpose of establishing a credit line with UTNE for the purchase of goods and services.

Signature	Title	Date
BANK REFERENCE (OPERATING CHECKI	NG ACCOUNT):	
Name:	Telephone:	
Address:	Fax:	
	Contact:	
Name:		<u>IL</u> :
Address:		IL:
Address:		
Name:		<u>IL</u> :
Address:		

Please complete application **IN FULL** and send to: <u>acomeford@utilityne.com</u> Fax: 603-474-5931

> Or mail to: Utility Trailers of New England, Inc. 242 Route 107 Seabrook, NH 03874