



STORAGE EQUIPMENT CREDIT APPLICATION

Company Name _____ Phone _____ Fax _____

Street _____ City _____ State _____ Zip _____

Billing Address _____

Name of person responsible for accounts payable (print or type) _____

Type of Business _____ Date Company Originated _____

Type of Business Organization:

- Corporation (list Officers) Full Name _____ Title _____
- Partnership (list Partners) Full Name _____ Title _____
- Proprietorship (list Names) Full Name _____ Title _____
- Other Full Name _____ Title _____

BUSINESS BANKING REFERENCES

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Acct. No. _____	Phone _____ Acct. No. _____
Contact _____	Contact _____

BUSINESS CREDIT REFERENCES

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
Acct. No. _____ Contact _____	Acct. No. _____ Contact _____

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
Acct. No. _____ Contact _____	Acct. No. _____ Contact _____

Dun & Bradstreet Number, if applicable _____

The undersigned agrees by making this application for credit that Storage Equipment Co. may provide (upon request) information about your account (including whether you have been late in making payments) to persons and companies which by law are allowed to receive such information (for example, credit bureaus). In addition, the undersigned agrees that Storage Equipment Co. may request one or more credit reports in connection with this, or any application for, establishment of this account, or in connection with any update or renewal of, or extension of credit, under this account.

PURCHASE AUTHORIZATION

Line of credit requested \$ _____ We require a purchase order Yes Written Verbal No

Sale pending Yes No

The following person(s) are authorized to charge: _____

More Specific P.O. Requirements _____

TAX STATUS

Check One (Storage Equipment Co. is required by law to obtain a tax exemption certificate for any exempt sales).

- None of our purchases are tax exempt.
- All of our purchases are tax exempt. Our tax exempt number is _____, Our tax exempt certificate is enclosed.
- Some of our purchases are tax exempt. We will specify exempt items at the time of purchase.
Our tax exempt number is _____, Our tax exemption certificate in enclosed.

AGREEMENT

I understand that the undersigned is responsible for all charges made on this account under purchase authorization given above, and as modified from time to time by written notification to and that all charges are payable NET 10 days. The undersigned further agrees that any balance not paid within twenty (20) days of due date will result in the account automatically being placed on a credit hold until paid. If this account is turned over for collection, the undersigned will be obligated to pay all reasonable and actual cost of collection.

The undersigned agrees to be obligated for any and all reasonable and actual penalties, fees, charges, or costs associated with returned checks or bank drafts, which amounts can vary by state.

This agreement shall be governed by Texas law.

The undersigned authorizes Storage Equipment Co. to investigate and verify all information herein provided.

Company Name _____ Applicant Name _____

By _____ Title _____
Signature

Print Name _____ Date _____

* Unsigned applications will not be processed.