



Bill to Company Name _____ Requested Line of Credit \$ _____

D/B/A _____ Years in Business _____

Billing Street Address _____

City _____ State _____ Zip Code _____ Country _____

A/P or Financial Mgr Contact _____ Phone # _____ Fax # _____

Ship to Name (if different from Bill-to) _____

City _____ State _____ Zip Code _____ Country _____

Contact Name & E-Mail _____ Company Website _____

Type of Business _____ Corp _____ Sole Prop. _____ Partnership _____ LLC _____ S Corp _____ C Corp

Nature of Business _____ Annual Revenue _____

Should we charge you sales tax? Yes No

If no company must provide us with a copy of it's tax exemption certificate.

Federal Tax or Employer ID # _____

Please include a copy of your current Business License, State License(s), Drivers License or Import License(s)

Bank Reference

Bank Name _____ Bank Acct # _____

Address _____ Contact Phone # _____

City, State, Zip _____ Contact Fax # _____

Contact Name _____ Contact Email _____

Trade References

Company Name _____ Phone _____ Fax _____

City _____ State _____ Zip Code _____ Contact _____

Company Name _____ Phone _____ Fax _____

City _____ State _____ Zip Code _____ Contact _____

Company Name _____ Phone _____ Fax _____

City _____ State _____ Zip Code _____ Contact _____

All sales transactions shall be governed by the State of Kansas. Applicant agrees that payment terms are NET 30 DAYS, FOB Shipping Point unless expressly agreed to in writing by Sidney Attachments. Past due balances are subject to interest at 1.5% per month (or the maximum permissible rate under applicable law, whichever is less) on the unpaid balance. Applicant will pay any legal fees and third party collection costs incurred by Sidney Attachments to collect payment for past due amounts. Applicant agrees to promptly notify Sidney Attachments in writing of any change in the ownership of Applicant. Applicant warrants and represents that the information contained herein is accurate and may be relied upon by v in making credit decisions, including increasing, decreasing or terminating any credit availability at any time with Sidney Manufacturing Company's sole discretion. Applicant hereby authorizes its bank(s) and supplier(s) to furnish Sidney Attachments any information necessary to complete the evaluation of Applications' credit history. Applicant acknowledges and agrees that, in the event of any inconsistency between the payment terms hereof and the terms of any purchase order or other document issued by Applicant, the terms hereof will control. Subject to compliance with all applicable laws, Sidney Attachments reserves the right to deny credit to Applicant or increase, decrease or terminate Applicant's credit availability at any time and for any reason.

Authorized Signature _____ Title _____

Printed Name _____ Date _____

Return the completed application to Fax # (913) 227-0132 _____

Or E-mail to ardept@sidneyattachments.com _____