

| Name of Company: | Date business started | | | |
|--|-----------------------|--|--|--|
| Billing Address: | | | | |
| (Including city, state, and zip code) | | | | |
| Shipping Address: (Including city, state, and zip code | 2) | | | |
| Phone Number: Website: | | | | |
| Email: | | | | |
| Sole Proprietor Partnership Co | | | | |
| | - | | | |
| | e | | | |
| ipal Name: Title Title | | | | |
| Honda National Account affiliation, check box if applicable: Toro Bad Boy Shop Labor Rate: | | | | |
| Taxable Non-taxable If non-taxable, please complete a resale certificate and provide a copy of your state issued Sales Tax Certificate. | | | | |
| Expected average monthly purchases \$ Purchase Order required: Yes No | | | | |
| Will you accept invoices and statements via email: Yes No | | | | |
| Accounts Payable Email: | | | | |
| Credit Card Terms: Yes No (If Yes, continue to page 2 Guarantee Agreement section. If No, complete Trade References, Bank Reference and Guarantee Agreement sections). | | | | |
| TRADE REFERENCES | | | | |
| 1. Company Name: | _ Account Number: | | | |
| Phone Number:Fax Number: | Email: | | | |
| 2. Company Name: | _ Account Number: | | | |
| Phone Number:Fax Number: | Email: | | | |
| 3. Company Name: | _ Account Number: | | | |
| Phone Number:Fax Number: | Email: | | | |
| 4. Company Name: | _ Account Number: | | | |
| Phone Number:Fax Number: | Email: | | | |

CREDIT APPLICATION

DALLAS: P.O. BOX 801870 • DALLAS, TEXAS 75380-1870 • (972) 233-5151 • FAX (972) 661-0738





| BANK REFERENCE | | | |
|--|--|---|---|
| Bank Name: | | | |
| Address: | | | |
| Phone Number: | Fax Number: | Email: | |
| Account Number: | Con | ntact: | |
| Our policy is to request information from references by email, fax or phone. The length of time it takes for an account to be set up depends on how quickly responses come in from references. Please make sure all telephone numbers are correct for efficient processing. | | | |
| the purpose of obtaining creating firm accordingly. I (we) un monies due shall be due and agree that interest at the cur the date said amounts are in | edit for my firm. That I am (we derstand that your terms are No d payable at your place of busin rent maximum rate will be char curred. A retuned payment will erral to an attorney or collection | e are) authorized, in my (o et 30 from the date of the s sess in Dallas County, Tex rged on all balance remain l result in up to \$30 in fee | invoice, and that all accounts or cas. I (we) acknowledge and ning unpaid after 30 days from s charged to your account. In |
| I (we) hereby authorize the above-named bank and business references to divulge deposit, loan, payment record and other pertinent credit information. | | | |
| Signature | Printed Name | Title | Date |
| GUARANTEE AGREEMENT I (we) understand that the information furnished by you on the previous page hereof, is for the purpose of obtaining credit from your firm, that I (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. I (we) the undersigned, hereinafter called guarantors, do jointly and severally, unconditionally guarantee and promise to be held personally liable for all indebtedness accrued under this continuing agreement. That all accounts or monies due shall be due and payable at your place of business, in Dallas County, Texas. That all past due accounts, (those remaining unpaid after 30 days from the date said amounts are incurred) notes, unresolved returned payments or judgments shall automatically draw interest at the maximum rate allowed by law. In the event of default and referral to an attorney of collection agency I (we) agree to pay reasonable costs and attorney's fees of at least twenty-five percent (25%). | | | |
| Signature | Printed Name | Title | Date |
| Must be complete and signed or application will not be processed. Guarantee must be signed by Owner / Officer of the company. | | | |
| Thank You for supplying Lightbourn Equipment Company with this credit information. If you have any questions, please feel free to contact our Accounts Receivable Department. | | | |
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