

Simon Crane Service, Inc.

7290 Portage Rd. Portage des Sioux, MO 63373
Phone 314-486-4491 Cell 314-220-5776 Fax 636-899-1815

email john@simoncraneservice.com

APPLICATION & AGREEMENT FOR OPEN ACCOUNT (Commercial)

(Please use typewriter or black ballpoint pen.)

Firm Name _____ Address _____

City _____ State _____ Zip Code _____

Attn: _____ County _____ Country _____

Phone#: _____ Fax# _____ Resale# _____

Please check one: Corporation Partnership Sole Proprietor LLC Date Business Started _____

President/Owner(s) Name _____ Treas/Controller _____

Soc.Sec# _____ Fed. ID# _____ WA Contractor # _____ Expires _____

Name of Bank _____ Branch _____

Address _____ Phone _____ Account# _____

Trade References:

1. _____ Phone _____ Fax _____

2. _____ Phone _____ Fax _____

3. _____ Phone _____ Fax _____

APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, Simon Crane Service, Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that each invoice will be paid in full upon receipt or in accordance with the terms of sale as stated on the invoice(s). Should I/we not pay Simon Crane Service, Inc. according to term, it is understood that credit privileges may be withdrawn. Should Simon Crane Service, Inc. find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1 1/2% per month (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or court costs allowable by law. At Simon Crane Service, Inc. option, jurisdiction and venue of any suit brought to collect this account shall be had in St Charles County, Missouri. A copy of this statement and application has been received.

SIGNATURE _____

(must be signed by an officer or principal of the firm)

TITLE _____ Fax _____

PERSONAL GUARANTEE

The undersigned, [print name] _____, of the applicant corporation/company hereby agrees to the above terms and conditions and assumes personal responsibility for payment of said corporation's/company's account. It is understood that credit would not be extended to said corporation/company without this assumption of liability.

(An individual)

CREDIT DEPARTMENT USE ONLY

CUSTOMER# _____ CREDIT LIMIT _____ TERMS CODE _____

CREDIT MANAGER SIGNATURE _____ DATE _____