

DEALER USE ONLY: CUSTOMER WAITING? _____ OR, WHEN NEEDED? _____ SALE PENDING \$ _____ REPLY TO _____

Phone & ext _____

Dealer # _____

Interstate Billing Service, Inc
1025 FIFTH AVENUE S.E. – P.O. BOX 2250 – DECATUR, ALABAMA 35601
Phone Numbers 800-332-9140 (ext 7) (256) 260-1750 Fax (256) 260-0046

CREDIT APPLICATION

Trade Name _____ Legal Name _____
Physical Address _____ City _____ State _____ Zip _____
Billing Address _____ City _____ State _____ Zip _____
Former Address (5yr minimum) _____ City _____ State _____ Zip _____
Job Site Address _____ Job Site Phone # _____
Type Business _____ Date business started _____ State of Incorporation _____ Phone# _____ Fax# _____
Fed ID# _____ Corporation _____ LLC Corp. _____ Partnership, LP or LLP _____ Proprietorship _____ - If proprietorship,
Home Address _____
Social Security # _____ Cell Phone# _____ Email address _____
Home Office/Parent Co. _____ City/State _____ Website _____
Name and title of person to contact _____ MC# if applicable _____
Company Principals _____ Title _____
_____ Title _____

If financial statement can be provided, please forward with credit application.

Bonding Company & Phone # _____

Have you ever taken BANKRUPTCY? _____ When? _____ Explain _____

Bank Name & Branch _____ Address _____

City/State/Zip _____ Account# _____ Phone () _____

Bank Officer in charge of account _____ Estimated Monthly Credit Requirement \$ _____

Subject to Purchase Orders? Yes _____ No _____ Authorized person to issue P.O. _____

Credit limits are based on information received from credit references. Please provide your largest unsecured creditors. List name, address, phone number and fax number of four companies from whom purchases are made on open accounts. Please list references related to your type business or industry. **(No oil companies or credit cards please.)**

| | Company Name | City | State | Phone Number | Fax Number |
|----|--------------|-------|-------|--------------|------------|
| 1. | _____ | _____ | _____ | () _____ | () _____ |
| 2. | _____ | _____ | _____ | () _____ | () _____ |
| 3. | _____ | _____ | _____ | () _____ | () _____ |
| 4. | _____ | _____ | _____ | () _____ | () _____ |

Have you rented/leased equipment in the past? No _____ Yes _____ From whom? Company Name _____

Address _____ Phone# () _____

The above information is given for the purpose of obtaining credit. I/We warrant that all of the information is true. We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms. I/We hereby all of the persons or companies names in the application to release to Interstate Billing Service, Inc., or its representatives, such information with regard to my/our financial condition as may reasonably have a bearing on this application. I/We authorize Interstate Billing Service, Inc. to obtain a consumer credit report on my/our personal credit history if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. I/We understand a personal guaranty may be required. If I/We refuse to sign this application, I/We will not be considered as a candidate for credit with Interstate Billing Service, Inc. A credit guideline may be established at our discretion. Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance, as allowed by state law, and any reasonable attorney's fees. We agree not to assert any claims or defenses against the accounts purchased by you from any dealer including right of offset for invoices purchased by Interstate Billing Service, Inc.. Receipt of payment acknowledges agreement to the terms and conditions set forth by Interstate Billing Service, Inc.

This agreement shall be governed by and construed according to the laws of the State of Alabama. I/We submit to the jurisdiction of any Alabama State or Federal Court sitting in the Northern District of Alabama over any action arising hereunder and agrees that all claims will be brought in such Alabama State of Federal Court. I/We further waive any objection on the basis of forum non-conveniens. Nothing in the Section shall affect the right of IBS to bring any conditions set forth by Interstate Billing Service, Inc.

Your account has been assigned to Interstate Billing Service, Inc. Make checks payable to the vendor(s). Please **mail all payments c/o Interstate Billing Service, Dept 1265, P O Box 2153, Birmingham, AL 35287-1265.** Payment terms will be reflected on the monthly statement and/or invoice. If your business should sell or close, it is the applicants' responsibility to advise Interstate Billing Service, Inc. immediately.

With what company/companies do you wish to charge? _____

(Application will apply to any additional IBS dealers that your company should charge with now or in the future)

Signature _____ Title/Position _____ Date _____

The undersigned(whether one or more, the "Guarantor") individually, jointly, severally, absolutely, independently, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Interstate Billing Service, Inc. including reasonable attorney's fees. This guaranty applies to any and all debts owed to IBS.

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Social Security # _____

Social Security # _____

Date _____

Date _____