



Credit Application (PAGE 1 OF 2)

33 LOCUST ST., BOSTON, MA 02125, TEL (617) 825-3600, FAX (617) 825-1073

133 RAYMOND RD., CANDIA, NH 03034, TEL: (603) 625-8900, FAX: (603) 625-8515

487 WASHINGTON ST. (RT. 20), AUBURN, MA 01501, TEL: (508) 832-8500 FAX: (508) 832-8503

www.atsequipment.com

COMPANY INFORMATION

Company Name: _____ DBA if Applicable: _____
 Physical Address: _____ City, State, Zip: _____
 Mailing Address: _____ City, State, Zip: _____
 Tel#: _____ Fax#: _____
 Email Address: _____ Company Website: _____
 Federal ID#: _____ Date Business Started: _____
 Name of Contact: _____ Tel#/Ext#: _____

Type of Business: Corporation Partnership Trust Proprietorship

Billing Info: Job Name or Number Required Purchase Order Required

Accts Payable Contact: _____ Tel #: _____ Email Address: _____

PRINCIPALS

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Tel #: _____	Tel #: _____
Social Security #: _____	Social Security #: _____

BANK REFERENCES

Checking Bank Name: _____ **Address:** _____
 Checking Account #: _____ Tel #: _____ Name of Contact: _____

SUPPLIER/COMMERCIAL REFERENCES (2 must be local. All must be active)

1) Company Name: _____	3) Company Name: _____
Name of Contact: _____	Name of Contact: _____
Address: _____	Address: _____
Tel#: _____	Tel#: _____
Fax#: _____	Fax#: _____
2) Company Name: _____	4) Company Name: _____
Name of Contact: _____	Name of Contact: _____
Address: _____	Address: _____
Tel#: _____	Tel#: _____
Fax#: _____	Fax#: _____

Amount of Credit Requested: \$ _____ **Annual Sales:** \$ _____



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Has the business or any principal ever declared bankruptcy? YES NO
If YES, please provide name and details on separate sheet.

Are there any outstanding liens or judgments against the company? YES NO
If YES, please provide name and details on separate sheet.

Please inform ATS if you are tax exempt and forward any project specific tax exempt certificates to us.
Please inform ATS in writing if you require purchase orders.
Please inform ATS in writing if only certain individuals have authority to purchase material or rent equipment.

I hereby certify that all statements accompanying and contained in this application are true and made for the purposes of obtaining credit and in consideration of **ATS Equipment Inc.** selling to me or my agent(s), I agree to the following terms:

- (1) To pay the account in full by 30 days.
- (2) To pay service charge for the late payment, computed at an annual percentage rate of 1.5%.
- (3) If this account is placed for collection, I agree to pay all reasonable charges for collection, including attorney's fees. I further agree that a charge of 25% of the claim shall be considered reasonable as an attorney's fee and 30% of the claim shall be considered reasonable as a collection fee.
- (4) The undersigned authorize any credit investigation needed for action on this credit application and hereby indemnify ATS Equipment, Inc. from any liability resulting from their credit survey. It is also acknowledged and agreed that accounts receivable information may be reported by the company to various consumer and commercial credit agencies.

Must be signed by an officer or authorized agent of the company.

EXECUTED AS A SEALED INSTRUMENT

COMPANY NAME: _____

By: _____
(PRINCIPAL SIGNATURE)

By: _____
(PRINCIPAL SIGNATURE)

By: _____
(PRINT NAME)

By: _____
(PRINT NAME)

Title: _____

Title: _____

Date: _____

Date: _____

If property is owned in joint names, all signatures required.

Personal Guaranty

In consideration of the extension of credit by ATS Equipment Inc.

To: _____
(PRINT COMPANY NAME AND ADDRESS)

(hereinafter referred to as "The Customer"), and for other valuable considerations, the undersigned hereby agrees to pay all sums of money now due and hereafter, to become due from the Customer, including without limiting the generality of the foregoing legal and other costs of attempts to collect said sums from Customer and the undersigned, and lawful interest on said sum.

The liability of the undersigned shall be primary, and if more than one person or entity signs this agreement, shall be joint and several and shall not be affected by any discharge, extension time, release of security, acceptance of compromise or any other modification of the liability of the Customer, and shall not be dependent upon recourse to any remedies against the Customer except that the undersigned shall receive credit for any sum received on Customer's account. The undersigned hereby waives any notice of the time and amount of extension of credit to the Customer, as well as rights of set-off, redemption and counterclaim which may be alleged to exist in favor of Customer.

This agreement is intended to cover a running account or accounts by the Customer. No rights against the undersigned are waived by failure to exercise any rights against the Customer upon his default. The incorporation, merger, reorganization or sale of Customer's business shall not operate as a termination of this guaranty. The undersigned hereby agrees to pay any and all of said sums, together with all legal and other costs including attorney's fees of enforcing this agreement contained herein both as against the customer and the undersigned.

This agreement is a binding contract and shall be interpreted under the Laws of the same.

Witness my/our hand(s) and seal(s) this _____ day of _____ 20_____.

(USE NO TITLES WHEN SIGNING,
E.g. President, Trustee, etc.)

(PRINCIPAL SIGNATURE)

(PRINCIPAL SIGNATURE)

**(REQUIRED)
SIGNED IN THE PRESENCE OF:**

PLEASE MAIL OR DELIVER ORIGINAL CREDIT APPLICATION TO: ATS EQUIPMENT, 33 LOCUST ST., BOSTON, MA 02125