RUDCO PRODUCTS, INC

EQUIPMENT – OPEN TERMS APPLICATION

Toll Free: 1-800-828-2234 • Office: 1-856-691-0800 • Fax: 1-856-696-0084

Please fill in all blanks and answer all questions clearly. All information requested is needed to properly process this application and only for this purpose. Failure to complete all items may result in delay and inconvenience to you. Please be assured all information is confidential.

Date: _____

APPLICANT'S INFORMATION

Company Name: _____ Year Started: _____ # Trucks in Fleet: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Company Phone: _____ Company Fax: _____

Contact Name: _____ Contact Email: _____

Contact Phone & Extension _____ Contact Fax: _____

Fed. Tax ID No.: _____ State Tax Lic. No.: _____

❑Proprietorship ❑Partnership ❑Corporation State of Incorporation: _____

Accounts Payable Contact: _____ Email: _____ PO Required? ❑Yes ❑No

Phone & Extension: _____ Fax: _____

Estimated Sales: _____ Credit Line Requested: _____

Does your company qualify for tax exempt status? ❑Yes ❑No If yes, please provide copy of your certificate.

Accounting Firm Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Email: _____

Phone & Extension: _____ Fax: _____

NAME OF OWNERS, PARTNERS OR OFFFICERS

Name: _____ Title: _____ % Ownership: _____ SS No.: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Name: _____ Title: _____ % Ownership: _____ SS No.: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

CREDIT REFERENCES *(We need all account numbers, contact name and phone numbers for fastest response.)*

Primary Bank Name: _____

Street Address: _____ City:_____ State:_____ Zip Code: _____

Account No.: _____ ❑Checking ❑Savings ❑Loan Contact Name:_____

Phone:_____ Fax:_____ Email:_____

Account No.: _____ ❑Checking ❑Savings ❑Loan Contact Name:_____

Phone:_____ Fax:_____ Email:_____

Account No.: _____ ❑Checking ❑Savings ❑Loan Contact Name:_____

Phone:_____ Fax:_____ Email:_____

Finance Reference: _____

Account No.: _____ Contact Name: _____

Phone:_____ Fax:_____ Email:_____

Finance Reference: _____

Account No.: _____ Contact Name: _____

Phone:_____ Fax:_____ Email:_____

Trade Reference: _____

Account No.: _____ Contact Name: _____

Phone:_____ Fax:_____ Email:_____

Trade Reference: _____

Account No.: _____ Contact Name: _____

Phone:_____ Fax:_____ Email:_____

Trade Reference: _____

Account No.: _____ Contact Name: _____

Phone:_____ Fax:_____ Email:_____

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

By my/our signature on this Application, either as a principal of the applicant or a personal guarantor of applicant's obligations, I/we hereby certify that all information in this Application and all attachments hereto, are true and complete to the best of my/our knowledge, and are made for the purpose of obtaining credit.

I/we authorize RUDCO PRODUCTS, Inc. or its designee (and any assignee or potential assignee thereof), to verify any of the information from whatever source it deems appropriate, which authorization shall extend to obtaining and review of my/our personal credit profile from a national credit bureau in considering this Application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. If this Application for business credit is denied, you have the right to a written statement of the specific reasons for denial.

To obtain the statement, contact RUDCO PRODUCTS, INC. within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580. A copy or facsimile of the agreement with signature shall be considered to be an original.

Signature of Owner,
Partner or Corporate Officer _____ Date _____

Print Name and Title of Signer _____

FOR INTERNAL USE ONLY

Sales Representative _____ Credit Limit _____

Credit Manager Approval_____ Account Number_____

Terms_____

Sales Manager Approval _____