

**Cowin Equipment Company: Application for Credit**

All information can be faxed to 205-841-2639.

* Business Name:	<input type="text"/>		
* Contact Name:	<input type="text"/>	Email:	<input type="text"/>
* Street Address:	<input type="text"/>	(line 2):	<input type="text"/>
* City:	<input type="text"/>	* State:	<input type="text"/>
* Zip Code:	<input type="text"/>	* Phone:	<input type="text"/>
* How Long In Business:	<input type="text"/>	* Fax:	<input type="text"/>
Description of Business:	<input type="text"/>		
Parent Company:	<input type="text"/>		
Street Address:	<input type="text"/>	(line 2):	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>		
Full name of officers, partners or proprietors:			
* <input type="text"/>	* Title: <input type="text"/>	* SS#: <input type="text"/>	* DOB: <input type="text"/>
<input type="text"/>	Title: <input type="text"/>	SS#: <input type="text"/>	* DOB: <input type="text"/>
<input type="text"/>	Title: <input type="text"/>	SS#: <input type="text"/>	* DOB: <input type="text"/>
<b>Credit References</b>			
* Bank Reference:	<input type="text"/>	* Phone:	<input type="text"/>
* Account Number:	<input type="text"/>		
Trade Reference:	<input type="text"/>	Phone:	<input type="text"/>
Trade Reference:	<input type="text"/>	Phone:	<input type="text"/>
Trade Reference:	<input type="text"/>	Phone:	<input type="text"/>
Bonding Company:	<input type="text"/>	* Purchase Orders Required:	<input type="text"/>
State Tax Exemption #:	<input type="text"/>	State:	<input type="text"/>
Federal ID:	<input type="text"/>		

---

## PROVISIONS OF APPLICATION AND CONTRACT

In consideration of open account credit terms with creditor, applicant agrees to all terms and conditions as set forth within these provisions. This application and information contained herein is a request for the extension of credit for commercial business use only. The undersigned certifies the applicant he/she represents is doing business as a corporation , partnership , or sole proprietorship , if applicant is a partnership or sole proprietorship, it is a requirement of this contract that applicant notify creditor in letter form by certified mail should applicant incorporate. Any other form of communication will not constitute a valid notification and applicant waives all rights thereto. I also agree to pay a finance charge of 1-1/2 percent per month of any unpaid past due balance.

The applicant authorizes creditor to obtain a written or oral credit report from any credit reporting agency. The applicant authorizes any bank or commercial business with whom the applicant has current or inactive experience to give any and all necessary information to the creditor which will assist creditor in the credit investigation. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary and should creditor upon such reinvestigation deem it necessary to limit or terminate the credit arrangement with applicant, said applicants will be notified in writing along with creditor's terms of sale. Should applicant deviate from the creditor's terms of sale, said creditor reserves the right to terminate future extension of credit with applicant.

In the event this account becomes delinquent and is placed for collection, applicant agrees to reimburse, indemnify and pay seller all reasonable cost, expenses and/or collection fees incurred in the collection of the aforementioned delinquency where collection is handled by a collection agency, commercial forwarder and/or attorney.

## APPLICANT'S SIGNATURE

I have read and agree to the statements above and I authorize Cowin Equipment Company, Inc. and/or their assigned to make whatever inquiries it deems necessary in connection with a lease/loan application. I authorize and instruct any person, trade reference, bank and/or finance company to compile and furnish to Cowin Equipment Company, Inc., and/or their assigned any information that it may have or obtain in response to such credit inquiries, and agree that such information, along with the application, shall remain Cowin Equipment Company, Inc., and/or their assignee's property whether or not the lease/loan application is approved.

DATE:

(Do not sign the personal guaranteed below unless creditor specifies signing same as a condition to receive open account credit terms.)

**PERSONAL GUARANTEE** For value received I/we personally guarantee the account of the above named applicant to creditor. In the event said account should become delinquent and be placed for collection. I/we further guarantee to reimburse, indemnify and pay seller all reasonable cost, expenses and/or collection fees incurred in the collection of the aforementioned delinquency where collection is handled by a collection agency, commercial forwarder and/or an attorney.

## AUTHORIZATION

To authorize us to immediately start the process of establishing an account for you, please print, sign and fax this authorization form to 205-841-2639 (see link below). This page must be faxed immediately for application process to be legal and in effect.

## CEC Credit Authorization

### SIGNATURE

I have read and agree to the personal guarantee above.

DATE:

**Fax To: 205-841-2639**  
**Cowin Equipment Company, Inc.**  
**Attn: Credit Department**

**Or Mail to:**  
**Cowin Equipment Company, Inc.**  
**Attn: Credit Department**  
**PO Box 10624**  
**Birmingham AL 35202-0624**

**DATE:** \_\_\_\_\_

I/We authorize Cowin Equipment Company, Inc. and/or their assigned to make whatever inquiries it deems necessary in connection with a lease/loan application. I/We authorize and instruct any person, trade reference, bank and/or finance company to compile and furnish to Cowin Equipment company, Inc., and/or their assigned any information that it may have or obtain in response to such credit inquiries, and agree that such information, along with the application, shall remain Cowin Equipment Company, Inc., and/or their assignee's property whether or not the lease/loan application is approved.

**APPLICANT'S PRINTED NAME:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**For Corporations:**

Fed Tax ID # \_\_\_\_\_

**For Individuals:**

Social Security # \_\_\_\_\_; Date of Birth \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_