

## APPLICATION FOR COMMERCIAL CREDIT

I hereby make application for credit from **TRACTOR & EQUIPMENT CO., N C MACHINERY CO., MACHINERY POWER & EQUIPMENT CO., N C POWER SYSTEMS CO., SITECH NORTHWEST INC., OR ANY OF THEIR RELATED OR AFFILIATED COMPANIES**, and in support of said application, make the following statements:

Please indicate which company your primary dealings will be with and return this Application to the nearest location listed on the reverse side.  
 Tractor & Equipment Co.     N C Machinery Co.     Machinery Power & Equipment Co.     N C Power Systems Co.     SITECH Northwest Inc.

APPLICANT NAME \_\_\_\_\_ Trade Name (If Different) \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_ BUSINESS # \_\_\_\_\_ FAX # \_\_\_\_\_  
 COUNTY \_\_\_\_\_ BUSINESS START DATE \_\_\_\_\_ CELL # \_\_\_\_\_ HOME # \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

**Goods and services to be purchased under this open account will not be primarily for personal, family or household purposes.**

SOCIAL SECURITY NO. \_\_\_\_\_ TAXPAYER I.D. NO. \_\_\_\_\_  
 NATURE OF BUSINESS:  Construction     Logging     Mining     Agriculture     Trucking     Industrial     Marine     Other \_\_\_\_\_  
 TYPE OF BUSINESS:  Sole Proprietorship     General Partnership     L.L.C.     Corporation     Division     Subsidiary     Other \_\_\_\_\_  
 If Division or Subsidiary, give name of Parent: \_\_\_\_\_ City/State: \_\_\_\_\_

PRINCIPALS – NAMES OF OFFICERS, PARTNERS, OWNER:			(ATTACH ADDITIONAL SHEET IF NECESSARY)	
Full Name	Residence Address	Title	Interest in Business	Social Security No.

INSURANCE CO.: \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 BONDING CO.: \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

BANK/FINANCE CO. REFERENCE:	BALANCES: \$	(CKG) \$	(SVGS)
NAME	CITY/STATE/ZIP	CONTACT	PHONE

TYPE OF ACCOUNT:  BUSINESS     CHECKING     PERSONAL     LOAN    ACCOUNT NO.: \_\_\_\_\_ MORTGAGE PMT: \_\_\_\_\_

TRADE REFERENCES:			
NAME	ADDRESS	CITY/STATE/ZIP	PHONE

Has the business or any principal ever declared bankruptcy?  Yes     No    If yes, date filed \_\_\_\_\_. Any outstanding liens or judgments? \_\_\_\_\_

CREDIT LIMIT REQUESTED: \_\_\_\_\_ Sales Tax Exempt?  Yes     No    If yes, attach exemption certificate.  
**(PLEASE USE REVERSE SIDE FOR BILLING INSTRUCTIONS.)**

Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to dealer or any party which may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release any credit/financial information concerning applicant or such other person as such party may deem appropriate, and to share all such information with the other. I agree to notify you of any material changes in the statements made in this application. I understand and agree that should credit be extended, payment of the account in full is due on or before the 10<sup>th</sup> day of each month following the month in which the charge occurs. Any amount unpaid after thirty days from the date the debt is incurred shall bear a late payment charge of the lesser of 1 1/2% per month, which is an annual percentage rate of 18%, or an amount not to exceed the highest rate permitted by law. I agree to pay all costs, including reasonable attorney fees, incurred by you for collection of this account. I understand that the fact that a late payment charge will be imposed does not authorize payment of this account to be made in installments or in any other manner than herein provided except that I may pay the account in full at any time.

DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_  
 \_\_\_\_\_ Signature of Owner(s)/Principal(s) or authorized Officer(s)/Partner(s)

**PERSONAL GUARANTEE**

The undersigned, \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ in consideration of your giving credit to the aforesaid applicant, jointly and severally guarantee(s) and agree(s) to pay to TRACTOR & EQUIPMENT CO., N C MACHINERY CO., MACHINERY POWER & EQUIPMENT CO., N C POWER SYSTEMS CO. OR ANY OF THEIR RELATED OR AFFILIATED COMPANIES all monies which shall become due you from: \_\_\_\_\_ by reason of any credit you extend as herein requested, including late payment charges and all costs of collection and reasonable attorney's fees for recovery of the debt if it is due whether it is incurred by the debtor or guarantor or both. I (We) hereby waive any obligation upon you to make demand on the debtor and waive notice to make demand on the debtor and waive notice of default to me (us) and consent to any extensions and renewals of the debtor's obligations hereof without notice. I (We) authorize **TRACTOR & EQUIPMENT CO., N C MACHINERY CO., MACHINERY POWER & EQUIPMENT CO., N C POWER SYSTEMS CO., OR ANY OF THE RELATED OR AFFILIATED COMPANIES** to release, at its sole option, and from time to time, any and all collateral given it by the debtor without affecting the guarantee.  
 Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2010  
 \_\_\_\_\_ Signature(s)

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Corporate Credit Manager, 17035 W. Valley Hwy, Tukwila, WA 98188 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 day from receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derived 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 FTC Regional Office for the region in which the Creditor operates or the Federal Trade Commission, Washington, DC.

**PLEASE RETURN APPLICATION TO NEAREST LOCATION BELOW:**

P.O. Box 30158  
P.O. Box 3562  
P.O. Box 190148

Billings, MT 59107  
Seattle, WA 98124  
Anchorage, AK 99519-0148

406-656-0202  
425-251-9800  
907-561-1766

(Fax) 406-652-6865  
(Fax) 425-251-6287  
(Fax) 907-786-7532

**FINANCIAL STATEMENT**

Financial condition at \_\_\_\_\_

Book Records   
From Estimates

*(Please Check One)*

**ASSETS**

Cash on Hand and in Banks ..... \$ \_\_\_\_\_  
Accounts Receivable ..... \_\_\_\_\_  
    (Amount Pledged) ..... \_\_\_\_\_  
Notes Receivable ..... \_\_\_\_\_  
    (Amount Pledged) ..... \_\_\_\_\_  
Inventory ..... \_\_\_\_\_  
Merchandise ..... \_\_\_\_\_  
Government Bonds ..... \_\_\_\_\_  
Machinery and Equipment ..... \_\_\_\_\_  
Fixtures and Tools ..... \_\_\_\_\_  
Real Estate and Buildings ..... \_\_\_\_\_  
    Located at \_\_\_\_\_  
Trucks and Autos ..... \_\_\_\_\_  
Deposits ..... \_\_\_\_\_  
Other Assets, Specify ..... \_\_\_\_\_  
    \_\_\_\_\_ \_\_\_\_\_  
    \_\_\_\_\_ \_\_\_\_\_  
TOTAL ASSETS ..... \$ \_\_\_\_\_

**LIABILITIES**

Accounts Payable (TRADE) ..... \$ \_\_\_\_\_  
Notes Payable, Equipment ..... \_\_\_\_\_  
Notes Payable – Secured ..... \_\_\_\_\_  
    Banks ..... \_\_\_\_\_  
    Other ..... \_\_\_\_\_  
Notes Payable – Unsecured ..... \_\_\_\_\_  
    Banks ..... \_\_\_\_\_  
    Other ..... \_\_\_\_\_  
Trucks & Autos ..... \_\_\_\_\_  
Loans from Relatives and Others ..... \_\_\_\_\_  
Chattel Mortgages or Sales Liens ..... \_\_\_\_\_  
Unpaid Taxes ..... \_\_\_\_\_  
Real Estate Mortgages ..... \_\_\_\_\_  
Other Liabilities, specify ..... \_\_\_\_\_  
    \_\_\_\_\_ \_\_\_\_\_  
TOTAL LIABILITIES ..... \$ \_\_\_\_\_  
NET WORTH (Assets - Liabilities) ..... \$ \_\_\_\_\_  
TOTAL ..... \$ \_\_\_\_\_

\*I will provide a detailed list of the above upon request.

**List of Equipment Owned**

Model	Serial Number

Model	Serial Number

**Special Billing Instructions:**

Purchase order required?    If yes, written or verbal? \_\_\_\_\_

If verbal, Authorized Purchasers: \_\_\_\_\_

**Contract Work in Progress** (complete if applicable):

Name of Company	Address	Job Location	Contract \$ Balance

**VESSELL INFORMATION:**    NAME \_\_\_\_\_ OWNER OF VESSEL \_\_\_\_\_

REGISTRATION # \_\_\_\_\_ HOME PORT \_\_\_\_\_ MORTGAGE HOLDER ON VESSEL \_\_\_\_\_