

Trilobite Testing, Inc / Monster Pump Operations Inc
Credit Application for a Business Account
Business Contact Information

Trade Name: _____ D&B #: _____

Legal Name and EIN No.: _____

Sole Proprietorship Partnership Corporation LLC Other

Phone _____ FAX _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Date Company Commenced: _____

Accounts Payable Contact Person _____

Phone _____ FAX _____ E-Mail _____

Approximate Annual Sales: _____ Credit Line Requested: _____

Owner Information

Name: _____ Title: _____ Ownership % _____

Name: _____ Title: _____ Ownership % _____

Bank Name _____ Contact Person: _____

Bank address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-mail _____

Business and/or trade references

Company _____ Name

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

Trilobite Testing, Inc / Monster Pump Operatons Inc
Credit Application for a Business Account

We are financially able to meet any commitments made and agree to pay your invoice according to your terms, Net 30, at Trilobite Testing, Inc / Monster Pump Operations, Inc. 1515 Commerce Parkway Hays, KS 67601. We hereby authorize you to verify information submitted above and/or order trade credit reports at your discretion.

We understand that past due accounts are subject to 1 1/2% per month "late charge". Customer agrees to pay all cost of collection including attorney fees if collection becomes necessary. Services charges must be paid on past due invoices to maintain a current charge account. We furthur understand that open account privileges may be revoked, without notice. Trilobite Tesing, Inc / Monster Pump Operations Inc. has the right, at its own discretion, to grant credit, deny credit, decrease credit limits, or increase credit limits at any time.

Signature (required)

As a Duly Authorized Agent

Date:

Print Name:

Title:

INDIVIDUAL PERSONAL GUARANTY

Date:

I, _____, residing at _____

for and in consideration of your credit at my request to _____

(Name of Company)

_____ (hereinafter referred to as the "Company"), of which i am

_____, hereby personally guarantee to you the payment at

(Title)

1515 Commerce Parkway, Hays, KS 67601 of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum of which may become due to you, including any necessary collection and or attorney fees, by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Print Name:

Signature:

Phone:

Soc Sec Number:

Witnessed by:

(Print Name)

(Signature)

Address:

Phone:
