

APPLICATION FOR OPEN ACCOUNT

CORPORATE OFFICE
WAUKESHA-PEARCE INDUSTRIES, INC.
P. O. Box 35068
Houston, Texas 77235-5068
ATTN: Credit Department

Telephone (713) 723-1050

Fax (713) 551-0435

DISTRICT OFFICE
WAUKESHA-PEARCE INDUSTRIES, INC.

RUSH ORDER Yes No

Failure to submit information in boxed areas (front & back) may result in immediate decline of application.

Company Name ("Applicant"):		Dba Name (if any):	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Nature of Business (Industry):	Federal Id#	State Id#	State Of Inc:
Business Classification:	User () Resale ()	Date of Incorporation:	
Telephone Number: ()	Fax Number: ()	Email Address:	
Type Of Organization:	S - Corporation: () C - Corporation: () Partnership: () Individual: () LLP: () LLC: ()		
Owner #1 and % of Ownership:	Owner #2 and % of Ownership:		
Owner #3 and % of Ownership:	Owner #4 and % of Ownership:		
Owner #1 Social Security #:	Owner #2 Social Security #:		
Owner #3 Social Security #:	Owner #4 Social Security #:		
President:	Vice President:		
Secretary:	Treasurer:		
Authorized Signor #1 for Company:	Authorized Signor #2 for Company (if any):		
Authorized Signor #1 Signature:	Authorized Signor #2 Signature (if any):		
Exemption Certificate Attached	Yes () No ()	Number	
Purchase Order Required	Yes () No ()	Authorized Signature(S) On P.O.	
Financial Statement Attached	Yes () No ()	Year(S)	Floor Plan () Preseason Program ()

TRADE REFERENCES:			
(1)	Account #	Telephone # ()	
	Address	City	State Zip
(2)	Account #	Telephone # ()	
	Address	City	State Zip
(3)	Account #	Telephone # ()	
	Address	City	State Zip
BANK REFERENCE	Bank Officer	Telephone # ()	
	Street Address	City	State Zip
Ck Acct. #	Line Of Credit	Loan #	Secured Unsecured

WPI'S STANDARD TERMS ARE NET 30 DAYS FROM INVOICE DATE EXCEPT RENTAL AND UNIT SALES ARE DUE UPON RECEIPT OF INVOICE.

Our Credit Department will establish a credit limit covering your monthly purchases based on credit information that you are furnishing. Purchases in any one month in excess of established credit limit will require credit authorization from our Credit Department in Houston. Credit Department authorization will also be required any time account becomes delinquent. All charges are payable at P. O. Box 204116, Dallas, Texas 75320-4116.

A SERVICE CHARGE NOT TO EXCEED THE LEGAL RATE PRESCRIBED BY STATE LAW WILL BE CHARGED WHEN ACCOUNTS EXCEED OUR STANDARD TERMS OF SALE. THIS RATE WILL NOT BE LESS THAN ONE PERCENT (1%) OF THE BALANCE DUE FOR EACH 30-DAY PERIOD OF DELINQUENCY.

I hereby authorize all banks, lending institutions, trade references, or credit associates to discuss with or to release to Waukesha-Pearce Industries, Inc. ("WPI"), any and all information which they may have pertaining to my credit, financial dealings or transactions, or other similar information. I hereby authorize Waukesha-Pearce Industries, Inc. permission to obtain consumer credit reports in connection with my credit application for approval of commercial business transactions with Waukesha-Pearce Industries, Inc. I authorize Waukesha-Pearce Industries, Inc., to notify any general contractor owner, bond company or other involved party in the extension of credit to me involved for the purpose listed. This notification may occur before, during or after the credit is extended. This authorization is given to aid in determining whether and under what terms to extend credit to me from Waukesha-Pearce Industries, Inc.

Accepted Invoices. As to invoices accepted, or to which timely objection is not made as required, it shall be presumed: that the invoice is accurate, that the goods or services referenced on the invoice were ordered by applicant; that the goods or services were received by applicant; that the prices charged are agreed and reasonable prices; that the invoice total is payable to WPI; that applicant agrees to pay the invoices within 30 days of invoice date.

Applicant (Printed Name) _____

Date _____

Authorized Signature _____

BOND AND CONTRACTOR FORM

1. SUB-CONTRACTOR Purchaser) _____

ADDRESS: _____

CITY, STATE AND ZIP: _____

PHONE NO : _____ CONTACT NAME: _____

2. GENERAL CONTRACTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE AND CONTACT NAME _____

3. PROJECT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

QUOTE AMOUNT: _____

4. OWNERS OF PROJECT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

5. BOND COMPANY _____

BOND #: _____

LOCAL INSURANCE BROKER/BOND AGENT _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NO: _____