**OPEN ACCOUNT APPLICATION AND AGREEMENT**



1400 Highway 17 North

New Bern, North Carolina 28560

Tele: 252.638.6021

Fax: 252.635.5130

Instruction to Applicant:

Complete application in full. Failure to do so may cause delay of credit approval.

Legal Business Name

Address City State Zip

Mailing Address (if different)

Telephone Fax #

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Tax-Exempt? (If yes, attach a copy of exemption certificate.)

Are POs required?

**Please attach or have your insurance company fax a copy of your Certificate of Insurance listing Stewart Equipment Company as “Additional Insured on General Liability and “Loss Payee” on equipment rider/floater to: 252-638-4559.**

Indicate name of person with your company we should contact concerning your account with us. Phone ( )

Type of Business Date Began / /

Type: Corporation Partnership Individual Ownership

If Partnership or Individual Ownership, please provide the names, addresses, and social security numbers of all persons who own any Interest in the business. (Attach a separate sheet if necessary)

Owner' Name Social Security Number

Residence

Prior Address if less than

2 years at current address

Owner's Name Social Security Number

Residence

Prior Address if less than

2 years at current address

APPLICATION FOR CREDIT TO STEWART EQUIPMENT CO., INC. PAGE 2

If Corporation, please provide the names, address and titles of officers of the corporation. (Attach a separate sheet if necessary)

Name Address Title

**Bank References:**

Name Telephone

Address

**Credit References:**

1. Name Telephone

Address Fax

2. Name Telephone

Address Fax

3. Name Telephone

Address Fax

All Statements made are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquires necessary for action on this credit application. We hereby indemnity the above company and its agents, from any liability resulting from their credit survey.

We understand your terms are **NET 30 DAYS!** 1.5 % service charge after each 30 day period for **PAST DUE INVOICES**, and agree to meet these terms if credit is extended. **Signature to be that of a Principle Officer of the Company or Owner.**

Thank you for your interest in establishing credit with Stewart Equipment Co., Inc.

Signed Title Date

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

Date Credit Extended

Reason Refused Signed