



CREDIT APPLICATION

Company Name: _____

Contact Person: _____

Billing Address: _____

Shipping Address (if different): _____

Telephone: _____

Fax: _____

A/P Contact: _____

Email Address: _____
Receive invoices and statements by email?
YES ____ NO ____

CORPORATION: ____ PARTNERSHIP: ____ SOLE PROPRIETOR: ____ HOW LONG? ____

Federal Tax # (or Soc. Sec. #): _____ Sales Tax Exempt? YES ____ NO ____
If YES, please attach Sales Tax Exemption/Resale Certificate.

CREDIT LIMIT REQUESTED: _____ PURCHASE ORDER REQUIRED? Yes ____ No ____

CREDIT POLICY:

- Terms: Net 30 days.
- Invoices not paid within thirty (30) days will be charged a 1 ½ % Finance Charge.
- Accounts with invoices over sixty (60) days will be put on COD.
- Variance from these policies is not allowed unless granted with the prior written approval of Utility Trailers of New England, LLC (UTNE).

I/we understand and agree that all monies due UTNE will be paid in accordance with the credit policies listed above. I/we further agree that should it be necessary, I/we will pay any costs of collection in addition to court costs or attorney fees incurred by UTNE relative to our account. This contract will be interpreted in accordance with New Hampshire law. Creditor and Guarantor agree to be subject to the jurisdiction of the courts of New Hampshire with regard to any disputes including but not limited to collection of any overdue invoices.

Signature Title Date

Application must be signed by an officer or owner of the company.

PERSONAL GUARANTY

In consideration for the extension of credit privileges, I (we) hereby grant Utility Trailers of New England, LLC a continuing guaranty of payment of this account and agree to personally guaranty payment of all indebtedness including accrued interest, attorney's fees and costs of collection. This guaranty is an absolute and unconditional, irrevocable guaranty of payment and performance.

Personally and Individually Personally and Individually

Utility Trailers of New England, LLC CREDIT APPLICATION

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I/we hereby grant permission to use the following referenced information for the purpose of establishing a credit line with UTNE for the purchase of goods and services.

Signature Title Date

BANK REFERENCE (OPERATING CHECKING ACCOUNT):

Name: _____ Telephone: _____
Address: _____ Email: _____
_____ Contact: _____

TRADE REFERENCES

(* * * WE CANNOT PROCESS YOUR REQUEST WITHOUT REFERENCES * * *)

PLEASE INCLUDE EMAIL ADDRESS

Name: _____ **EMAIL** : _____
Address: _____

Name: _____ **EMAIL**: _____
Address: _____

Name: _____ **EMAIL** : _____
Address: _____

Please complete application **IN FULL** and send to:
acomeford@utilityne.com

Or mail to:
Utility Trailers of New England, LLC
242 Route 107
Seabrook, NH 03874