



Sellers Equipment, Inc.

Locations: 1645 S. West St., Wichita, KS 67213 (316) 943-9311
15325 S. Keeler St., Olathe, KS 66062 (913) 764-2011
400 N. Chicago, Salina, KS 67401 (785) 823-6378
3030 S.W. 57th St., Topeka, KS 66609 (785) 862-0031
395 N. Industrial, Garden City, KS 67846 (620) 275-9621

Credit Application

BUSINESS NAME (full legal name) _____

TRADE NAME (if different) _____

SHIPPING ADDRESS: _____
Street Address (cannot be P.O. Box) City County State Zip+4

BILLING ADDRESS: _____
(if different from above) Street Address and/or P.O. Box City County State Zip+4

PHONE #: _____ FAX #: _____ E-MAIL: _____

NATURE OF BUSINESS? _____

OWNERSHIP IS A: Proprietorship Partnership C-Corporation S-Corporation LLC or LLP

YEARS IN BUSINESS: _____ STATE OF ORGANIZATION: _____ ORG I.D.# _____

DUN & BRADSTREET DUNS#: _____ FED ID# (FEIN) _____

DO YOU REQUIRE A PURCHASE ORDER NUMBER? YES NO

DO YOU REQUIRE A MONTH END STATEMENT? YES NO

ARE YOU SALES/USE TAX EXEMPT? YES NO (If yes, please attach exemption certificate)

WHO IS YOUR ACCOUNTS PAYABLE CONTACT?

Name	Phone	Fax	E-mail
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PARTNER/OWNER/PRESIDENT _____ S.S.N.: _____

HOME ADDRESS: _____
Street Address and/or P.O. Box City State Zip+4

2nd PARTNER/TREASURER _____ S.S.N.: _____

HOME ADDRESS: _____
Street Address and/or P.O. Box City State Zip+4

BANK REFERENCE

Name: _____ Contact: _____

Address: _____
Street Address and/or P.O. Box City State Zip+4

Phone No: _____ Fax No: _____

TRADE REFERENCES

1) Name: _____ Contact: _____

Address: _____
Street Address and/or P.O. Box) City State Zip+4

Acct #: _____ Phone No: _____ Fax No: _____

2) Name: _____ Contact: _____

Address: _____
Street Address and/or P.O. Box) City State Zip+4

Acct #: _____ Phone No: _____ Fax No: _____

3) Name: _____ Contact: _____

Address: _____
Street Address and/or P.O. Box) City State Zip+4

Acct #: _____ Phone No: _____ Fax No: _____

BONDING COMPANY

Name: _____ Contact: _____

Address: _____
Street Address and/or P.O. Box) City State Zip+4

Phone No: _____ Fax No: _____

INSURANCE COMPANY

Name: _____ Agent: _____

Address: _____
Street Address and/or P.O. Box) City State Zip+4

Phone No: _____ Fax No: _____ Policy No: _____

The above information is for the purpose of obtaining credit and is warranted to be true and accurate. By the signature of the applicant (officer, principal, owner or partner), you hereby authorize Sellers Equipment, Inc. (the "Company") to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report. You also authorize the Company to contact the credit references listed and hereby give permission to contact those references listed to release information about your credit. Applicant hereby authorizes the Company to execute and file on behalf of the applicant any such Universal Commercial Code (UCC) financing and continuation statements as the Company deems necessary to perfect it's and/or it's Assignee's security interest in any purchases made to the applicant's account. Applicant will be billed individually for each purchase made on the account with the Company. Applicant agrees to pay the billed amount according to the terms stated on each invoice. Applicant agrees that if the billed amount is not paid by the due date, service charges will be applicable. If applicant fails to pay the entire unpaid balance on the account when due, the Company may, without further notice or demand, exercise all rights and remedies available at law for the collection of the balance due on the account and that the Company reserves the option to exercise its lien rights at any time in accordance with applicable law to secure collection of amounts due. Applicant will be liable for all expenses of collection, with or without suit, including all reasonable costs of collection, including but not limited to court costs, attorney fees and collection agency fees to the extent allowed under applicable state law. Liability hereunder shall be joint and several. DO NOT SIGN THIS AGREEMENT BEFORE YOU HAVE READ IT IN ITS ENTIRETY. A PHOTOSTAT OR FACSIMILE COPY OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL.

AUTHORIZED SIGNATURE: _____
(OWNER, PRINCIPAL, OFFICER OR PARTNER)

TITLE: _____

DATE: _____

Please mail to: Sellers Equipment, Inc., P.O. Box 1940, Salina, KS 67402-1940
or Fax to: (785) 823-8083