



# 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. 57<sup>th</sup> 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

2<sup>nd</sup> 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