

APPLICATION FOR OPEN ACCOUNT

APPLICANT NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
CITY STATE ZIP

MAILING ADDRESS \_\_\_\_\_  
CITY STATE ZIP

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ YEAR EST. \_\_\_\_\_

CORP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ OTHER \_\_\_\_\_  
Please specify

FEDERAL ID NUMBER \_\_\_\_\_ D & B NUMBER \_\_\_\_\_

SALES TAX NUMBER\*\* \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

PRESIDENT \_\_\_\_\_ CONTROLLER \_\_\_\_\_

OWNER/PARTNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER/PARTNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REFERENCES: THREE FIRMS NOW EXTENDING CREDIT ON A REGULAR BASIS.

BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TERMS: NET 30 DAYS (C.O.D. UNTIL CREDIT APPROVED)

*ALL OUTSTANDING BALANCES ARE SUBJECT TO A 10% COLLECTION PENALTY AND AN INTEREST RATE OF 18% PER YEAR*

**THE UNDERSIGNED PERSONALLY GUARANTEES PAYMENT OF INVOICES CHARGED IN THE ABOVE NAMED ACCOUNT, THE AUTHORITY TO CHECK ON CREDIT REFERENCES AS LISTED ABOVE, AND HEREBY AFFIRMS ALL REPRESENTATIONS AND WARRANTIES OF THE ABOVE NAMED APPLICANT MADE AND GIVEN HEREIN, THE GUARANTOR FURTHER AGREES TO PAY OR REIMBURSE COMPRESSORS UNLIMITED INTL., L.L.C. FOR ALL COSTS AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES AND LEGAL EXPENSES) INCURRED BY COMPANY IN CONNECTION WITH THE PROSECUTION, DEFENSE OR ENFORCEMENT OF THIS GUARANTY IN ANY LITIGATION OR BANKRUPTCY OR INSOLVENCY PROCEEDINGS. THIS GUARANTY SHALL BE AN ABSOLUTE AND CONTINUING UNCONDITIONAL GUARANTY.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT TITLE DATE  
\*\*PLESAE INCLOSE A COPY OF SALES TAX PERMIT

DRIVERS LICENSE # \_\_\_\_\_  
ISSUING STATE \_\_\_\_\_