



## CONFIDENTIAL CREDIT APPLICATION

### COMPANY INFORMATION:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Web Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### OWNERSHIP:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other (Explain) \_\_\_\_\_

Has this company done business under any other name? \_\_\_\_\_ List: \_\_\_\_\_

Is this company a subsidiary? \_\_\_\_\_ Parent Company: \_\_\_\_\_

Owner/Officer	Home Address	Social Security #
_____	_____	_____
_____	_____	_____

### CREDIT INFORMATION:

Will your purchases from us be tax exempt? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please attach an Indiana General Sales Tax Exemption Certificate. (Form ST-105)

What services are you interested in: Parts \_\_\_\_\_ Rental \_\_\_\_\_ Service \_\_\_\_\_ Sales \_\_\_\_\_

What types of equipment do you own? SSL \_\_\_\_\_ CTL \_\_\_\_\_ TLB \_\_\_\_\_ DOZ \_\_\_\_\_ EXC \_\_\_\_\_ WL \_\_\_\_\_ Other \_\_\_\_\_

Accounts Payable Supervisor: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Account Number: \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

The above statements are material representations and are true and correct and are given for the purpose of obtaining the extension of credit from MacDonald Machinery Company (MMC). In the event credit is extended, the undersigned agrees to the following: (1) To pay for all purchases pursuant to the terms of MMC's invoices and those contained herein, (2) To pay MMC a delinquency charge of 1 ½% per month on any amount of amounts remaining unpaid 30 days after the date of invoice, (3) To pay MMC's collection fees and reasonable attorney's fees, which is agreed to be not less than 25% of any outstanding obligation of the undersigned to the seller, (4) To pay all sums due to MMC at its address in Allen County, Indiana, such county being agreed upon as the county of venue for any suit brought by either party hereto against the other.

My signature below hereby authorizes MacDonald Machinery Company, Inc. to obtain all necessary credit information on the above listed company and the undersigned in order to make its credit decision.

Owner or Officer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Date Of Application: \_\_\_\_\_

PLEASE MAIL ALL PAYMENTS TO:  
MacDonald Machinery Company, Inc.  
PO Box 1424  
Indianapolis, Indiana 46206-1424  
FAX TO: (260) 747-6367

**\*\*IN ORDER TO PREVENT IDENTITY THEFT, THE INDIVIDUAL THAT SIGNS ABOVE MUST SUBMIT A COPY OF A PHOTO ID FOR VERIFICATION PURPOSES WITH THIS APPLICATION\*\***