



ROAD MACHINERY & SUPPLIES CO.

5633 W. Highway 13, Savage, Minnesota 55378

Phone: 952-895-9595 Fax: 952-895-7097

Customer Credit Application

CUSTOMER INFORMATION

CUSTOMER NAME: SOCIAL SECURITY # OR FEDERAL TAX ID #:
MAILING ADDRESS: CITY, STATE, ZIP CODE: COUNTY:
PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE): CITY, STATE, ZIP CODE: COUNTY:
WORK PHONE#: CELL PHONE#: FAX#: CONTACT PERSON:
PURCHASE ORDER REQUIRED (CIRCLE ONE): YES NO YEARS IN BUSINESS:
TYPE OF BUSINESS:
INDIVIDUAL: SUB 'S' CORP: 'C' CORP: LLC: PARTNERSHIP (LIMITED OR GENERAL):

PRINCIPALS AND OFFICERS OF BUSINESS

NAME OF OFFICERS, PARTNERS, OR OWNERS & ADDRESS: TITLE: SOCIAL SECURITY #: % OWNED:

BANK REFERENCE

NAME & ADDRESS: CONTACT NAME: PHONE#: ACCOUNT#:

TRADE REFERENCES

COMPANY & ADDRESS: CONTACT NAME: PHONE #: FAX#:

INSURANCE

AGENCY NAME & ADDRESS: AGENT NAME: PHONE#: FAX#:

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO
HAS A JUDGEMENT EVER BEEN FILED AGAINST YOU? YES NO

I/We authorize Road Machinery & Supplies Co., its affiliated companies, and/or its assigns to obtain commercial or consumer information about the undersigned individual/company from any credit-reporting agency and hereby authorize the above named bank(s), financial institution(s), or trade reference(s) to release such information as is necessary to establish credit. Also indicated is my approval for Road Machinery & Supplies Co. and/or its affiliated companies to send me information by mail and/or by fax at the number and/or address listed above. Past due accounts are subject to a service charge of 1 1/2% per month (18% per annum).

COMPANY NAME Fax Approval Yes No (circle one)

APPLICANT SIGNATURE TITLE DATE

Branch Offices:

Corp. Office: Savage, MN; Duluth, MN; Virginia, MN; Grand Rapids, MN; Des Moines, IA; Cedar Rapids, IA; Sioux City, IA; Milan, IL; Iron Mountain, MI