



a U.S. Venture company

U.S. AutoForce
425 Better Way
Appleton, WI 54915

Phone:800-229-8900

www.maxfinkelstein.com

BUSINESS ACCOUNT APPLICATION

For All Accts

Business Info:

Legal Name: _____

DBA: _____

Street Address: _____

City: _____

ST: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Email: _____

Year Business Established: _____

Type of Business (circle one):

Proprietorship Partnership Corporation LLC

Primary Contact: _____

Email: _____

Mobile Num: _____

For All Accts

Shipping Info (if different from Business Info):

Street Address: _____

City: _____ ST: _____ Zip: _____

County: _____ Phone: _____

If you have multiple ship-to addresses, please attach list.

For Credit Accts Only

Active Trade References

1) Name: _____

Address: _____

Phone: _____

2) Name: _____

Address: _____

Phone: _____

3) Name: _____

Address: _____

Phone: _____

Name, Title, & Home Address of Proprietor, Partners, or Officers (as applicable):

Name: _____

Street Address: _____

City: _____ ST. _____ Zip _____

Title: _____

Mobile Number: _____

Email _____

In the case of multiple owners, please attach a supplemental list of any additional owners, partners or officers and include the information requested above.

Bank Information:

Name: _____

Address: _____

City: _____ ST. _____ Zip _____

Account Number: _____

Contact: _____ Phone: _____



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Terms and Conditions

The undersigned Applicant makes the foregoing application for credit in writing, intending that U.S. AutoForce should rely upon it for the purpose of our company obtaining merchandise from you on account and for ascertaining that our financial condition is satisfactory, and we can meet and pay all invoices according to your terms. We also accept and understand U.S. AutoForce or its subsidiaries right to charge the maximum allowable interest per month on any account not paid within its terms. Waiver of any one or more interest charges shall not be deemed to be a waiver of future interest charges. In the event that U.S. AutoForce or its subsidiaries commences litigation or employs attorneys in order to secure payment of any sums due to it from Applicant, the Applicant agrees to pay reasonable attorney's fees in addition to all other sums due. Applicant acknowledges and agrees that venue in any litigation shall be in the state and county which U.S. AutoForce chooses, and applicant specifically understands that they are waiving their right with regard to the choice of venue. The undersigned represents and warrants that the above agreement has been read carefully and that the Applicant understands and agrees to same.

Applicant certifies that this application is submitted for the purposes of obtaining "business credit" (as that term is defined under Section 202.2(g) of the Equal Credit Opportunity Act).

Applicant certifies that all information contained in the foregoing is true and correct and Applicant authorizes U.S. AutoForce and its subsidiaries to obtain credit and financial information concerning the Applicant from any source.

Owner's or Officer's Signature

Title

Date

Print Name Legibly

For Office Use Only:

Approved ByDate Account Opened.....

COD Cash..... COD Check..... Credit Line.....

Credit Report Y or N Date.....

Financial Statements Y or N Date.....

Personal Guaranty Y or N Security Agreement Y or N

UCC-1 Filed Y or N Date.....

Notes:.....
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