

Duke

Aerial, Inc. DBA Duke Aerial Equipment
65037 Boston Road
Atlantic, Iowa 50022
PH: (712) 243-7972
FAX: (712) 243-7945

CONFIDENTIAL CREDIT APPLICATION

Legal Business Name _____

Trade Style (D/B/A) _____

Billing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Phone (____) ____ - ____ Fax (____) ____ - ____ E-Mail _____

Proprietorship Partnership Corporation LLC LLP Fed ID # _____

Established _____ Years Under Current Ownership _____ Years At Current Address _____

Principals (owners if proprietorship, all general partners if partnership or officers with title if corporation):

Name _____ Title _____ SS # _____

Name _____ Title _____ SS # _____

Name _____ Title _____ SS # _____

Has any Principal of this company been involved in prior bankruptcy? No _____ Yes _____

If Yes, please indicate name and location of company: _____

A/P Contact Name _____ Phone (____) ____ - ____ Fax (____) ____ - ____

DUKE AERIAL, INC. CREDIT AGREEMENT

In consideration of Duke Aerial extending credit to the above business, applicant does hereby agree to individually or jointly pay for all products according to Duke Aerial's payment terms. In the event that the account is placed with a third party for collection, applicant agrees to pay all costs, including attorney's fees and court costs and agrees the venue for litigation will be in the state of Iowa. Execution of this document by the applicant or applicant's agent shall serve as certification that the above furnished information is true and correct. Application agrees to advise Duke Aerial of any material changes in the statements and information provided to Duke Aerial pursuant to or with the credit application. The undersigned also warrants the application has read, understands and agrees to the Duke Aerial Credit Agreement and has the authority to apply for credit and make the statements herein.

Signature(s) Must be signed by owner, proprietorship, general partners if partnership or officer/agent if corporation.

I AM A SIGNATOR OF THE COMPANY AND HAVE A PERSONAL GUARANTEE TO THE ABOVE MENTIONED COMPANY. THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. WE HEREBY AUTHORIZE THE ABOVE MENTIONED COMPANY TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL STABILITY.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Bank Name _____ Phone (____) ____-____ Fax (____) ____-____

Address _____ City _____ State _____ Zip _____

Savings A/C # _____ Checking A/C # _____ Loan A/C # _____

Purchase Orders Required ____ Yes ____ No

Name of Job Site _____

Name of General Contractor _____

Address of General Contractor _____

Phone # of General Contractor _____

Trade References

Name _____ City _____ State _____ Zip _____

Phone (____) ____-____ Fax (____) ____-____ "required"

Name _____ City _____ State _____ Zip _____

Phone (____) ____-____ Fax (____) ____-____ "required"

Name _____ City _____ State _____ Zip _____

Phone (____) ____-____ Fax (____) ____-____ "required"

Name _____ City _____ State _____ Zip _____

Phone (____) ____-____ Fax (____) ____-____ "required"

Financial information may be requested to the information provided herein.

Please let us know how you like to receive your invoices:

E-Mail: _____ Attention: _____

Fax: _____ Attention: _____

Mail: _____ Attention: _____