



Customer Credit Application (Confidential)

Full Company Name & D/B/A if applicable	Phone No.	Fax No.
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Street Address, City, State, Zip Code, Country	Billing Address
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<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	How Long Company in Business	Type of Business	Duns # & Current Rating
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Owners/Principals Name(s)	Title	How Long	Previously With	How Long

Has the firm or any of its Principals ever been bankrupt? YES NO
 If YES, please state Name, Year, Chapter...

Total Annual Sales Volume Year: \$	Year: \$	Year: \$	No. Employees
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A/P Contact & Phone Number:	Tax Exempt No.
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Name and Address of Bank	Loans and How Secured
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Account Number & Contact

Reference (Name, Address, Phone Number, Fax Number, and Account Number)

1.	2.	3.

Attachments Required - Please attach your most recent financial statement, Tax Exemption Certificate issued out solely to Hartford Compressors, Inc., Pertenant documetation of Former Business concerning Name change or purchase.

Applicant agrees to pay any collection cost incurred to collect any unpaid balances, including but not limited to interest on the unpaid balance (1.5% per month or the maximum rate allowed by law, whichever is less) and any reasonable attorney fees and/or collection costs incurred.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit and/or bank references listed above.

Authorized Principals Signature & Title #1	Date
Authorized Principals Signature & Title #2	Date

Two Principal/s/Guarantors Signatures Required. Not valid if not signed