

All Supplies and Parts, Inc. dba ASAP Compressors P.O. BOX 127 • UPPERCO, MARYLAND 21155 (410) 752-1700 email@asapcompressors.com

CREDIT APPLICATION

| Company Name: | | | |
|---|---|---|---|
| Billing address: | | | |
| Shipping Address: | | | |
| Phone: | Fax: | Email: | |
| Acct Payable Contact: | | Phone:_ | |
| Fax: | Email: | | |
| Prefer to receive invoice | via email at: | | |
| The following information | is submitted for your co | onsideration as a has | is of extension of credit |
| We operate: | • | | |
| Our legal entity is: FID#: (If a corporation, list names of condition in the | Tax-exemp officers and titles. If other enterprise TITLE and the references that we are ACCOUNT # | t#: Please include a copy tity, list names of partne /SOC.SEC.NO. e presently doing but CONTACT | (if Applicable) of tax exemption certificate ers or owners & SSN) PHONE asiness with. |
| We bank at: | | | |
| TERMS: NET 30 DAYS. LOSS MONTH AFTER 30 DAYS. PDELINQUENT INVOICES. The undersigned hereby certifie | URCHASER AGREES TO P | AFTER 60 DAYS. SER PAY LEGAL AND/OR of sign on behalf of the cor | VICE CHARGE OF 1-1/2% PER |
| Printed Name | | - Tit | le |
| Signature | | Da | ate |

SEE REVERSE

Personal Guarantee:

Signature(s) of Guarantor(s)

All companies desiring a line of credit must also have one or more people sign (witnessed) and date a personal guarantee as outlined below.

The undersigned Guarantor(s) do hereby jointly and severally and unconditionally guarantee the performance of all Applicant's obligations to All Supplies and Parts, Inc., dba ASAP Compressors. Including, but not limited to, the payment when due of any and all indebtedness incurred by applicant to ASAP Compressors including interest or service charges thereon, and all extensions and renewals thereof, and agree to pay all cost and reasonable attorney's fees incurred in collecting the same or enforcing this Guarantee. This is a continuing guarantee without limitations giving notice or making demand without affecting its rights under this Guarantee or this Agreement; from time to time proceed directly against applicant or any other security.

| . Signature | Dated | Social Security Number |
|--------------|-----------|------------------------|
| Name Printed | | Witness |
| . Signature | Dated | Social Security Number |
| Name Printed | | Witness |
| Signature | Dated | Social Security Number |
| Name Printed | | Witness |

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