Customer application for credit to:

Fitterer Sales, Inc.

120 Brown Ave
Mott, ND 58646
701-824-3150 800-556-8670
fitterereast@yahoo.com

Date: _____

I/WE herein make application to _____ for credit and/or to update and reconfirm our existing account and balance with _____. Applicant/s give their permission to _____ to verify the information stated herein. If credit is granted, I/WE promise to pay all bills rendered. I/WE agree that if any cash discounts are made available, that the discounts may only be deducted if payment is made within the cash discount period, typically five days from the date of delivery. **All invoices are due and payable in full by the 10th of the month following the month of purchase (i.e., an invoice dated 11/27 is due on 12/10).**

ANSWER ALL QUESTIONS

Business or Individual's Name(s) _____ Address _____

City _____ State _____ Zip _____ Phone (   ) _____

Cell Phone _____ E-mail Address _____

Type of Business _____ SS#/Federal I.D. # _____ How Long _____ Yrs.

If Less Than One (1) Year Previous Address _____

☐ Partnership ☐ Sole Proprietorship ☐ Incorporated ☐ LLC – What State ? _____

Company Bank _____ Acct. # _____ City _____ State _____

COMPANY SUPPLIERS (not required for individuals)

Name _____ Phone _____ City _____ State _____

Name _____ Phone _____ City _____ State _____

Name _____ Phone _____ City _____ State _____

Company Owned Real Property ☐ No ☐ Yes Address _____ State _____

PRINCIPALS OF COMPANY (not required for individuals)

Name _____ SS# _____ Address _____

City _____ State _____ Zip _____ ☐ Own ☐ Rent Title _____

Name _____ SS# _____ Address _____

City _____ State _____ Zip _____ ☐ Own ☐ Rent Title _____

Name _____ SS# _____ Address _____

City _____ State _____ Zip _____ ☐ Own ☐ Rent Title _____

Authorized People to Purchase _____ Purchase Orders Required ☐ No ☐ Yes

Amount of Credit Desired _____

DEFAULT AGREEMENT

In the event payment is not made and this account is referred for collection, I/WE will pay actual cost of collections. I/WE understand a monthly service charge on any unpaid balance will be charged at the rate of 1.5% per month. If suit or action by an attorney is instituted, I/WE agree to pay your attorneys' fees and costs in said suit or action. In the event of suit or action, it is understood and agreed that Stark County, ND, is the venue for litigation.

Signed by **X** _____ Title _____

I/WE, the undersigned, agree to absolutely and without condition guarantee payment of all sums due and owing. I/WE agree that this guarantee of payment does not require you to take legal action against the above applicant to obtain payment of any delinquent amount before enforcing this guarantee of payment. I/WE understand that venue is as stated above and that this continuing guarantee shall not be revoked except by written notice to _____. If guarantee is revoked, all future purchases will be C.O.D.

Guarantor **X** _____ Guarantor **X** _____

Agent of _____ _____