



CENTRAL
POWER SYSTEMS & SERVICES



Phone: 816-781-8070
Fax: 816-781-4518
Email: credit@cpower.com

CREDIT APPLICATION

9200 Liberty Drive
Liberty, MO 64068

Please complete both pages and sign at bottom. Return completed form via email or fax

APPLICANT INFORMATION

Full name of firm or individual:

Billing address:

City:

State:

ZIP:

Shipping address:

City:

State:

ZIP:

Phone:

Fax:

Cell:

E-mail address:
for invoices & statements

Web site address:

Number of years in business:

Are purchase orders required?

Check one: Corporation Partnership Individual

If corporation, give Federal ID number:

List name(s) of owner(s) or officer(s) and title(s) below

Name:

SSN:

Title:

Name:

SSN:

Title:

List management contact names below

President:

Sales Manager:

Parts Manager:

Service Manager:

TYPE OF BUSINESS

- | | | |
|---|---|---|
| <input type="checkbox"/> Beverage | <input type="checkbox"/> Owner Operators / Truck | <input type="checkbox"/> Elec. Contractor - Gen.Sales / Service |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Fleet Trucking - 10 or more Trucks | <input type="checkbox"/> Gov.- City - County - State - Military |
| <input type="checkbox"/> Refuse | <input type="checkbox"/> Trucking 2-9 Trucks | <input type="checkbox"/> Resale / Parts-Repair Shops |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Custom Harvesters | <input type="checkbox"/> Feed Lots & Related Industries |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Bus Fleet | <input type="checkbox"/> Petroleum Related Companies |
| <input type="checkbox"/> Agriculture or Farming | <input type="checkbox"/> Original Equipment Manufacturer | |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Construction | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Water Well Drillers | |
| <input type="checkbox"/> Other: _____ | | |

IF APPLICABLE, WE MUST HAVE A SALES TAX EXEMPTION FORM FILLED OUT AND SIGNED FOR OUR FILES.

Credit Application Page Two

Central Power Sales Representative:

BUSINESS REFERENCES

Business Name:	Phone:
Address: City: State:	Fax:
E-mail address:	ZIP Code:

Business Name:	Phone:
Address: City: State:	Fax:
E-mail address:	ZIP Code:

Business Name:	Phone:
Address: City: State:	Fax:
E-mail address:	ZIP Code:

BANK REFERENCE

Bank Name:	Phone:
Address: City: State:	Fax:
E-mail address:	ZIP Code:

CREDIT AGREEMENT

By signing below, we agree to Net 30 day terms, unless otherwise stated on the individual invoice. We agree that if payment is not received 30 days from the date of the invoice, we will be responsible for any and all interest charges of 1.5% per month (18% per annum). It is agreed that buyer will be reasonable for all costs of collection, including a reasonable sum for collection or attorney fees, for any unpaid balance.

This credit agreement shall be construed, governed, interpreted and applied in accordance with the laws of the State of Missouri. The Clay County Circuit Court shall have jurisdiction over all controversies and/or litigation, which may arise with respect to the negotiation, execution and compliance of this credit agreement. The parties hereby waive any other venue to which they may be entitled by virtue of domicile or otherwise.

We certify that all information on this form is warranted to be correct and that we fully understand the credit terms above. We hereby authorize Central Power Systems and Services to investigate the references listed pertaining to our credit and financial responsibility and to release credit information about their credit experience with us.

Name of company:	Date:
By:	Title:

PERSONAL GUARANTEE

IN CONSIDERATION OF THE EXTENSION OF CREDIT TO APPLICANT, THE UNDERSIGNED PERSONALLY GUARANTEES PAYMENT OF ALL ADVANCES, CREDITS AND RELATED SERVICE CHARGES MADE BY CENTRAL POWER SYSTEMS & SERVICES, INC. TO APPLICANT, TOGETHER WITH COLLECTION COSTS, INCLUDING REASONABLE ATTORNEYS' FEES WHERE ALLOWED BY LAW.

Signature:	Date:
Signature:	Date: