



TRAILERCRAFT, INC.
1301 E. 64TH AVENUE
ANCHORAGE, AK 99518

CREDIT APPLICATION AND AGREEMENT

APPLICANT NAME: _____ PHONE#: _____
MAILING ADDRESS: _____ FAX #: _____
CITY/ STATE/ ZIP: _____ SHOP #: _____
PHYSICAL ADDRESS: _____ CELL #: _____

CREDIT LINE REQUESTED \$ _____

DATE BUSINESS ESTABLISHED: _____ TYPE OF BUSINESS: _____

OWNERSHIP: SOLE PROPRIETOR [] PARTNERSHIP [] CORPORATION []

LIST ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS:

| NAME / TITLE: | ADDRESS: | SS #: | DATE OF BIRTH: |
|---------------|----------|-------|----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

HAVE YOU PERSONALLY OR ANY BUSINESS IN WHICH YOU WERE AN OWNER EVER FILED FOR BANKRUPTCY? YES [] NO [] YEAR FILED: _____ CHAPTER: _____
CITY: _____ STATE: _____ CASE NUMBER: _____

IF YOU OR YOUR BUSINESS FILED UNDER CHAPTER 11 OR 13, WERE ALL CREDITORS PAID ACCORDING TO THE APPROVED PLAN? YES [] NO []

BANK NAME: _____ BRANCH: _____
ADDRESS: _____ PHONE #: _____
ACCOUNT OFFICER: _____ ACCT. #: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ ACCOUNT NUMBER: _____
DATE APPROVED: _____ CODES: _____ PRICING: _____
COPY TO FBX?: _____ CREDIT LIMIT: _____

BUSINESS TRADE REFERENCES: TRUCK, AUTOMOTIVE AND EQUIPMENT SUPPLY COMPANIES PREFERABLE. DO NOT LIST UTILITIES OR CREDIT CARDS

| NAME: | ADDRESS: | PHONE: | ACCOUNT # |
|----------|----------|--------|-----------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

ARE PURCHASE ORDERS REQUIRED? YES [] NO []

AUTHORIZED SIGNERS: _____

ACCOUNTS PAYABLE PHONE #: _____
ACCOUNTS PAYABLE MANAGER: _____

I/We understand that all purchases made on this account are due and payable on or before the 10th of the month following the date of purchase and become delinquent after the last day of that month. Finance charges will accrue after that date. Furthermore, TRAILER CRAFT INC reserves the right, without notification to the applicant or its principals, to discontinue credit for this account in the event the above information proves false, the account becomes delinquent, or credit is adversely affected for any other reason. It is further agreed that any and all legal costs paid by TRAILER CRAFT INC to collect this account will be added to this account. In the event this account becomes delinquent, a Service Charge will be added from the date of delinquency amounting to 1 1/2 % per month (\$.50 minimum). Any extension or other agreement made with respect to this account shall not relieve the undersigned of any of his/her obligations hereunder.

Furthermore, your signature on this application authorizes TRAILER CRAFT INC to request a credit history and information from the references you have listed and other credit reporting associations.

| | | |
|---------------|--------------|-------------|
| SIGNED: _____ | TITLE: _____ | DATE: _____ |
| SIGNED: _____ | TITLE: _____ | DATE: _____ |
| SIGNED: _____ | TITLE: _____ | DATE: _____ |

PERSONAL GUARANTEE

The undersigned jointly and severally agrees that _____ will pay all sums it presently owes TRAILER CRAFT INC and all amounts it may hereafter owe. In the event said firm or individual does not pay all or any part of such amount, the undersigned agrees to make such payments on demand.

| | |
|---------------|-------------|
| SIGNED: _____ | DATE: _____ |
| SIGNED: _____ | DATE: _____ |
| SIGNED: _____ | DATE: _____ |

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize my/our bank(s) and trade references to release information necessary to assist TRAILER CRAFT INC in establishing a line of credit.

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AUTHORIZED BY: _____

(Please Print Name)

SIGNATURE: _____

TITLE: _____ DATE: _____

PLEASE FAX YOUR COMPLETED APPLICATION TO 907-561-4995.

MAIL THE ORIGINAL APPLICATION TO:

TRAILERCRAFT, INC.
1301 E. 64TH AVENUE
ANCHORAGE, AK 99518