



EQUIPMENT

CREDIT APPLICATION

PLEASE RETURN PROMPTLY TO:

10540 N STEMMONS FREEWAY, DALLAS, TEXAS 75220

TEL: (214) 630-0808 FAX: (214) 583-6968 E: creditapps@briggsequipment.com

COMPANY NAME PLEASE PRINT OR TYPE FULL LEGAL NAME, AND ALSO TRADE NAME (IF USED)

MAIL TO

CITY STATE ZIP CODE AP CONTACT PHONE

AP EMAIL

NUMBER OF YEARS IN BUSINESS

TYPE OF BUSINESS

SALES TAX: ALL PURCHASES TAXABLE

AMOUNT OF FIRST ORDER

DATE

DELIVERED TO (IF DIFFERENT)

CITY STATE ZIP CODE DIVISION OR BRANCH OF (IF APPLICABLE)

NO. OF EMPLOYEES

BUYER

HAS BANKRUPTCY BEEN FILED WITHIN THE LAST 7 YEARS?

YES NO IF YES, WHEN

SOME PURCHASES TAXABLE ALL PURCHASES EXEMPT

CREDIT LEVEL DESIRED PER MONTH

NOTE: PLEASE SUBMIT RESALE OR EXEMPTION CERTIFICATES WITH THIS APPLICATION OR SEND THE RESALE OR EXEMPTION CERTIFICATE YOU USE

CONTRACTORS LICENSE NO.

CORPORATION STATE PARTNERSHIP NO. OF PARTNERS

FEDERAL ID NO.

PROPRIETORSHIP

KEY OFFICERS OR PRINCIPALS IN THE BUSINESS:

Name Title Residence - Address

Name Title Residence - Address

NOTE: I agree that all payments are to be made to Briggs Equipment at P.O. Box 841272 Dallas, in Dallas County, TX 75284-1272. I understand that terms are NET THIRTY DAYS. I agree to have my credit information released to Briggs Equipment. TAXES: Briggs Equipment will accept a valid Exemption Certificate. However, if an Exemption Certificate previously accepted is not recognized by the taxing authority and Briggs Equipment is required to pay the tax, you agree to reimburse promptly to Briggs Equipment for the taxes paid. Such taxes will be billed separately to you. I agree that interest may be charged and must be paid from maturity on all obligations at the maximum rate allowed by law. I further agree that the undersigned will pay an additional amount for attorney's fees if this account is placed for collection with an attorney representing Briggs Equipment. In the event Briggs Equipment files suit, I agree that venue and jurisdiction are proper in a court located in Dallas County, Texas. This is a knowing WAIVER of any rights I or my company have to object to jurisdiction or venue.

NOTE: SIGNATURE IS REQUIRED BEFORE CREDIT CAN BE APPROVED.

SIGNATURE DATE

PRINTED NAME AND TITLE

SIGNATURE DATE

PRINTED NAME AND TITLE DATE

THE 'GUARANTY AGREEMENT' MUST BE COMPLETED IF YOUR BUSINESS HAS BEEN ESTABLISHED FOR LESS THAN TWO (2) YEARS.

In order to induce Briggs Equipment to extend credit to (CUSTOMER NAME) hereinafter called Principal Debtor, and in consideration of such credit extension, the undersigned guarantor(s) does (do) hereby guarantee the prompt payment of all indebtedness of the said Principal Debtor to Briggs Equipment. This is a continuing guaranty and cannot be canceled except by written notice to Briggs Equipment at P.O. Box 841272, Dallas, TX 75284-1272. In the event of such cancellation, it is expressly understood that the undersigned will be responsible for all accounts owed by the said Principal Debtor except those accounts arising after the actual receipt by Briggs Equipment of such cancellation.

The undersigned further waives any right to require Briggs Equipment to proceed against the Principal Debtor before proceeding against the undersigned, and further waives notice of default of the Principal Debtor, and agrees that this guaranty will be enforced without proceeding in any manner against the Principal Debtor. This is an unlimited guaranty. The undersigned agree(s) to pay in addition to the principal amount owed, interest at the maximum rate allowed by law, and in the event that this guaranty is turned over to attorneys for Briggs Equipment for collection, reasonable attorney's fees. I further agree that jurisdiction and venue are proper in any Dallas County Court in the event suit is brought on this Guaranty Agreement. This is a knowing WAIVER of any possible right to object to such jurisdiction or venue.

1ST PERSON

SIGNATURE

DATE

DRIVERS LICENSE # STATE ISSUED

RESIDENCE - ADDRESS

CITY STATE ZIP CODE

2ND PERSON

SIGNATURE

DATE

DRIVERS LICENSE # STATE ISSUED

RESIDENCE - ADDRESS

CITY STATE ZIP CODE



# CREDIT APPLICATION

**TRADE REFERENCES: (WE MUST HAVE COMPLETE ADDRESSES WITH ZIP CODES BEFORE WE CAN PROCESS APPLICATION)**

1. \_\_\_\_\_  
COMPANY \_\_\_\_\_ ADDRESS AND TELEPHONE # \_\_\_\_\_

2. \_\_\_\_\_  
COMPANY \_\_\_\_\_ ADDRESS AND TELEPHONE # \_\_\_\_\_

3. \_\_\_\_\_  
COMPANY \_\_\_\_\_ ADDRESS AND TELEPHONE # \_\_\_\_\_

BANK \_\_\_\_\_ ADDRESS AND TELEPHONE # \_\_\_\_\_

BANK OFFICER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

**PLEASE DO NOT WRITE IN THIS BOX (OFFICE USE ONLY)**

APPROVED BY \_\_\_\_\_ BRIGGS EQUIPMENT EMPLOYEE DATE \_\_\_\_\_

DENIED BY \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_ D & B RATING \_\_\_\_\_

SIC CODE \_\_\_\_\_

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