



# CREDIT APPLICATION

This agreement is made to establish a non-revolving purchase account  
(Please TYPE or PRINT Legibly)

**\*\*BRANCH USE ONLY\*\***  
CO/BRANCH # \_\_\_\_\_  
SALESMAN # \_\_\_\_\_  
PSR/CSA # \_\_\_\_\_

RETURN FAX TO: 541-463-2932 FOR QUESTIONS, CALL: 541-338-4519

Requesting Credit With: **PAPÉ MACHINERY, INC.** **DITCH WITCH WEST** **PAPÉ KENWORTH**  
**PAPÉ MATERIAL HANDLING, INC.** **PAPÉ RENTS**

Applying For: PARTS & SERVICE RENTAL LIENABLE RENTALS? NO YES

I. Applying as: CORPORATION LIMITED LIABILITY COMPANY GENERAL PARTNERSHIP TRUST  
(Check one) SOLE PROPRIETOR LIMITED PARTNERSHIP MUNICIPALITY OTHER

P.O. Required? No Yes Tax Exempt? No Yes (Attach Certificate) Receive Invoices: Mail Email:

**Fields marked with an asterisk (\*) are required by law (USA PATRIOT ACT) when applying for revolving credit. Your application cannot be processed without this information.**

### II. Full Legal Business Name and Address of Corporation, LLC, Partnership, Trust, Sole Proprietor, or Municipality (\*Required if Individual)

\*Legal Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ \*Federal Tax ID #: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

\*Street: \_\_\_\_\_ \*County: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Billing Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*State in which the business is Registered or Incorporated: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_ State: \_\_\_\_\_

Business Identification (Registration) Number (if known)\*\*: \_\_\_\_\_ \*\*(NOT Federal Tax ID #)

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Parent Company Name and Address: \_\_\_\_\_

### III. Applicant(s) Legal Name and Information – Personal, Officer, Partner, Member or Municipal Contact Information (\*Required if Individual)

1. \*Full Legal Name - \*First, \*Middle, \*Last: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership %  
\*Social Security No.: \_\_\_\_\_ \*DOB: \_\_\_\_\_ Email: \_\_\_\_\_

\*Street: \_\_\_\_\_ \*County: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

2. \*Full Legal Name - \*First, \*Middle, \*Last: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership %  
\*Social Security No.: \_\_\_\_\_ \*DOB: \_\_\_\_\_ Email: \_\_\_\_\_

\*Street: \_\_\_\_\_ \*County: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

IV. Prior Bankruptcy? No Personal Current Business Active Liens or Judgments? No Liens Judgment

### V. General Information and References REQUIRED (all applicants except Governmental Agencies)

*Bank and Trade References	Contact	Phone	Fax	Account Numbers

**Attached are copies of our most current financial statements. (Certified, audited statements preferred.)**

I UNDERSTAND AND AGREE TO THE FOLLOWING CREDIT TERMS:

TERMS: The applicant will pay all invoices in full on or before the 10<sup>th</sup> day following date of invoice. To induce prompt payment of the purchase price, the applicant will pay a service charge in the amount of 1 ½% per month (18% APR) of any past due amounts.

ATTORNEY FEES: If this account is past due and placed in the hands of an attorney for collection, the applicant will pay reasonable attorneys' fees for collection assistance, whether or not a suit or action is instituted. If a suit or action is instituted to collect any past due amounts, the applicant agrees to pay such additional sum as may be adjudged as reasonable attorneys' fees by the appropriate trial or appellate court.

GUARANTY: Each person signing below, in consideration of supplier extending credit at such person's request to applicant in whom such person has a financial interest, agrees to and hereby does personally guarantee to supplier or its affiliates unconditionally the prompt payment in lawful money of the United States of any and all indebtedness of every kind and nature for which applicant may now be indebted and/or may hereafter become indebted to supplier or its affiliates, successors or assigns, which guaranty will be absolute, continuing and irrevocable. Each person signing below waives presentment, demand, protest, notice of protest, dishonor, diligence, maturity, default or nonpayment, acceptance of this guaranty, extending of any guaranteed indebtedness already or hereafter contracted for by the applicant, any modifications or renewals of these credit terms and all setoffs and counterclaims.

TERMS AND CONDITIONS: The applicant agrees that any transaction between applicant, on the one hand, and supplier or any of supplier's affiliates on the other hand, will be governed exclusively by supplier's terms and conditions available at [www.pape.com/terms](http://www.pape.com/terms).

NOTICE: Each person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any party who may provide credit to applicant, whether pursuant hereto or to a subsequent application or request, and authorizes supplier and its affiliates to obtain from banks, credit bureaus and other creditors, each of which is hereby authorized to release, any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other and release such information as required by law.

**CALIFORNIA RESIDENTS: Each applicant, if married, may apply for a separate account.**

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:  
CUSTOMER NO: \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact:

**THE PAPÉ GROUP, INC., 355 GOODPASTURE ISLAND RD, SUITE 300, EUGENE, OR 97401**

within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days from receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Creditor is the FTC Regional Office for the region in which the creditor operates or the Federal Trade Commission Equal Opportunity, 600 Pennsylvania Ave., NW, Washington, DC 20580 (877) 382-4357.