

3799 West Airline Highway P.O. Box 536 Reserve, LA 70084-0536 (985) 536-0445

		Date:				
GENERAL INFORMATION: F	Please print or type comp	lete application for proces	sing.	Fax To: _		
Applicant's Name	icant's Name Trade Name (or D		Existing Customer 🗌 Yes 🗍 No A)			
Physical Address	treet	O:th.		Ctata	7:	Country
Billing Address		City		State	Zip	County
St	treet or P.O. Box	City		State	Zip	County
Business Phone						
A/P Contact				E-mail		
Service Contact						
Description of Business				<u> </u>		
•		Corporation Ge	·	(Provide Cop	Other y of LLC Agreeme	
Has the business or any principal ever declared bankruptcy? ☐ Yes ☐ No f yes, date filed				# of Employees Purchase Order Number Required Yes No		
Are there any outstanding liens of			t □ Voo □ No /	(If you placed attack	a convert avamention	a cortificato)
	Sales Tax Exempt ☐ Yes ☐ No Contact Name			(If yes, please attach copy of exemption certificate)		
				Phone #		
FINANCIAL INFORMATION	N. Additional financ	rial information may h	o roquested an	nd is required for	OVDOSUFO OVOF	\$250 000
		nai imormation may b	e requested an			
Institution Name (1)	Account #	Contact	Phone #	Checkir (Ple	ng: Savings: ase provide current	
(-)				_		
TRADE REFERENCE:	Contact	Address (Include Ci		Tele	ephone #	Account #
TRADE REFERENCE: (1) (2)				Tele	ephone #	Account #
(1)(2)PERSONAL INFORMATION	ON OWNER / PRINC	IPALS / GUARANTOR	S: attach addit	ional sheet if ne	cessary	Account #
(1)(2) PERSONAL INFORMATION Name / Title	ON OWNER / PRINC	IPALS / GUARANTOR	S: attach addit	ional sheet if ne	cessary	
(1)	ON OWNER / PRINC	IPALS / GUARANTOR Birth date	S: attach addit	ional sheet if ne	cessary SS # % Ownership	Account #
(1)	ON OWNER / PRINC	IPALS / GUARANTOR Birth date	S: attach addit	ional sheet if ned	cessary SS# % Ownership	
(1)	ON OWNER / PRINC	IPALS / GUARANTOR Birth date ual Income \$ Birth date	S: attach addit	ional sheet if ned	cessary SS # % Ownership ng Payment \$ SS #	
(1)	ON OWNER / PRINC	IPALS / GUARANTOR Birth date ual Income \$ Birth date	S: attach addit	ional sheet if ned Monthly Housir Monthly Housir	cessary SS# % Ownership ng Payment \$ SS# % Ownership ng Payment \$	
(1)	AnnuAnnuAnnu	IPALS / GUARANTOR Birth date ual Income \$ Birth date	S: attach addit Home Ph. Home Ph.	ional sheet if ned Monthly Housir Monthly Housir	cessary SS#	
(1)	Annu SIGNATURE OF O mer person signing below to the any party whis and other creditors, all of the angle of the creditors, all of the creditors.	IPALS / GUARANTOR Birth date ual Income \$ Birth date wal Income \$ warrants that the information may provide credit to apof whom are hereby autho	S: attach addit Home Ph Home Ph Home Ph RAUTHORIZE On provided here in plicant, whether in rized to release and the rized to release	Monthly Housin Monthly Housin Monthly Housin Monthly Housin or in connection was a connection was a connection to the connection or pursuant to the connection of the conn	cessary SS # % Ownership g Payment \$ % Ownership g Payment \$ grayment \$ ith this application is a subsequent appenformation concern	s true and correct and lication or request, to ing applicant or such
PERSONAL INFORMATION Name / Title Home Addr. Net Worth \$ Name / Title Home Addr. Net Worth \$ NoTICE: Applicant and each oth authorizes the release of such in obtain from banks, credit bureau	Annu SIGNATURE OF O mer person signing below information to any party whis and other creditors, all is sonal credit bureaus report	IPALS / GUARANTOR Birth date ual Income \$ Birth date ual Income \$ warrants that the information may provide credit to apof whom are hereby author ts as said party may deem	S: attach addit Home Ph. Home Ph. Home Ph. RAUTHORIZE on provided herei plicant, whether here in appropriate, and	Monthly Housing Monthly Housing Monthly Housing Monthly Housing OFFICER / PAI n or in connection wherein or pursuant to the connection of the connection wherein or pursuant to share all such in the connection wherein or pursuant to share all such in the connection wherein or pursuant to share all such in the connection wherein or pursuant to share all such in the connection wherein	Cessary SS # % Ownership ng Payment \$ % Ownership ng Payment \$ ith this application is a subsequent appropriation concern formation with each	s true and correct and lication or request, to ing applicant or such other.

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:

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, natural origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) or 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 Protection Act. The Federal agency that administers compliance with the laws concerning this Lender is the FTC Regional Office for the region in which the Lender operates, or The Federal Trade Commissions, Equal Credit Opportunity, Washington, DC 20580

	What car	tegory best describe	s your company's primary	business? (Check only or	ne)
	☐ Marine	☐ Industr	ial-Plant	☐ Petroleum / Oilfield	
	☐ Electric Service	ces	nent Rental / Repair / Resale	☐ Other (Please describe)
			TERMS OF SALE		
pay Force Power the invoice is pa	er Systems interest cand in full. Applicar oices is 18% per an	on all invoices not pa nt recognizes and ac	ver Systems, L.L.C. ("Forcaid within thirty (30) days knowledges that the current	of invoice date with interest rate of interest charged	plicant, Applicant agrees to est to accrue until such time as by Force Power Systems on ms without further notice to
but not limited		red by Force Power	count to an attorney for col Systems relating to the col	, 11	to pay all costs, including d agrees to pay attorney's
Application and	d/or any related docu	ument sent by electron	gally admissible under the conic means shall be treated ding as if manual signatur	as an original document	and shall be admissible as
			Sig	gned	
		GU	ARANTY AGREEME	NT	
Systems the pro- now or at anyti- solidary basis with and to the presentment, do each other the la until terminated	ompt payment of all me or times hereafted with Applicant and a same extent as App emand, protest, and benefit of division and d by thirty (30) days ider at the time of su	debts and liabilities er owe or be liable to my other guarantor. Ilicant. The undersignotice of dishonor ond discussion. This grant written notice to Formatten and the second discussion.	orce Power Systems but su	contingent, or unsecured) s. The liability of the undounconditional personal guice of acceptance of this uaranteed. Each of the uning guaranty and shall reach termination shall not a	which Applicant may ersigned shall be on a naranty and obligates me guaranty, promptness,
This guaranty i	s executed by the sig	gnatory as an indivi	dual.		
Guarantors					
Individual Sign	nature		Printed Name		Date
Individual Sign	nature	<u>F</u>	Printed Name		Date
		FPS	INTERNAL AGREEME	ENT_	
	tomer	•			
Submitting Stor	re		Salesi	nan	
			Date	Credit Limit Re	quested
Credit Departmo	•	Data	Cradit I imit	Т	ling Limit
			Credit Lillit	1 rad	ling Limit