

KENWORTH HAWAII LLC

Please Drop off or mail to our Kenworth Hawaii locations in Hilo and Kona.

Hilo: 110 Holomua Street Hilo, HI 96720

Kona: 74-567 Honokohau St Kailua-Kona, HI 96740

Oahu: 91-255 Kauhi Street Kapolei, HI 96707

CREDIT APPLICATION, COMMERCIAL

| COMPANY PROFILE | | | |
|---|----------------------------------|-------------------------------------|----------|
| NAME OF FIRM | | | PHONE |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| PREVIOUS STREET ADDRESS | CITY | STATE | ZIP CODE |
| DESCRIPTION OF BUSINESS | YEAR OF ESTABLISHMENT (MM/YY) | AT CURRENT ADDRESS SINCE (MM/YY) | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER _____ | | | EIN |
| OWNER | TITLE | YEAR ASSOCIATED | |
| OWNER | TITLE | YEAR ASSOCIATED | |
| OWNER | TITLE | YEAR ASSOCIATED | |

| FINANCIAL INFORMATION | | | | |
|-----------------------|---------|-------------|--|-----|
| BANK | BRANCH | | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | |
| ACCOUNT NUMBER | CONTACT | YEAR OPENED | PHONE | FAX |
| BANK | BRANCH | | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | |
| ACCOUNT NUMBER | CONTACT | YEAR OPENED | PHONE | FAX |

| CREDIT REFERENCES (OPEN ACCOUNTS ONLY) | | | |
|--|------|-------|----------|
| COMPANY | | | PHONE |
| ADDRESS | CITY | STATE | ZIP CODE |
| COMPANY | | | PHONE |
| ADDRESS | CITY | STATE | ZIP CODE |
| COMPANY | | | PHONE |
| ADDRESS | CITY | STATE | ZIP CODE |

Applicant represents that the above statements are true and correct, and hereby authorize verification of credits and references given. If granted credit, I agree to pay all bills according to the term defined below.

| | |
|------------------------|-----------|
| Requested Credit Limit | SIGNATURE |
| | DATE |

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CREDIT APPLICATION, COMMERCIAL

| CONTACT INFORMATION | | | |
|---------------------|------|-------|----------|
| NAME | | | PHONE |
| STREET | CITY | STATE | ZIP CODE |
| EMAIL | | | |
| ADDITIONAL CONTACTS | | | |
| NAME | | | PHONE |
| STREET | CITY | STATE | ZIP CODE |
| EMAIL | | | |
| ADDITIONAL CONTACTS | | | |
| NAME | | | PHONE |
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TERMS AND CONDITIONS

Applicant certified the statements on their credit application are true and correct. Applicant hereby authorizes Kenworth Hawaii LLC to obtain oral and/or written verification of the information submitted.

Upon approval of credit, applicant agrees that terms of sale are as according to what is shown on individual invoices and statements. Applicant also agrees to pay in full (net) according to terms on invoices and statements unless otherwise agreed by applicants and Kenworth Hawaii LLC, in writing. It is understood that accounts thirty (30) days past due are subject to 1 ½% per month service charge (or up to the maximum amount allowed by law.)

Applicant also agrees that if any action is taken by way of a collection agency, or if a lawsuit is commenced to enforce payment of applicant's past due accounts, applicant agrees to pay all costs incurred including, but not limited to attorney's fees and court costs.

Please supply Kenworth Hawaii LLC with the name(s) of any and all persons authorized by your company to place orders and charge on your account.

I/We understand, acknowledge, and agree to the Kenworth Hawaii LLC, terms and conditions.

MUST BE SIGNED BY A CORPORATE OFFICER, OWNER OR PERSON WITH AUTHORITY TO SIGN

Print Name: _____ Title: _____

Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Title: _____

Signature: _____ Date: ____ / ____ / ____

INDIVIDUAL PERSONAL GUARANTEE

(Person Who Guarantees Payment, Owner, Manager, Officer)

I, _____ (individual's printed name) for the consideration of your extending credit, at my request, to _____ (company name) hereby personally guarantee to you the payment of any obligation of the above named company; and I hereby agree to bind myself to pay on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee will be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company.

Signature: _____ Title: _____ Date: ____ / ____ / ____

| | Date/Initial | Notes/Comments |
|-------------------|--------------|------------------------|
| Dealer Principle: | | |
| Operations Mgr: | | |
| Accounts: | | Attach copy of Reports |