

CREDIT APPLICATION FOR OPEN ACCOUNT WITH PMT FORKLIFT CORP.

Thank you for choosing PMT FORKLIFT for your material handling needs.

We look forward to providing your company with our services for years to come and helping you run your business successfully and efficiently. You will be receiving monthly statement of accounts once your account is opened if there is any balance due. Please remember that the statements may not reflect payments, charges, or invoices that may not have been posted at the time of the statement run.

To help us better keep accurate records for your company, please include remittance when sending payments. Also if ever paying a balance other than what is listed on your invoice, please attach a full explanation with your payment. In the event of change of ownership or other personnel changes that may affect your credit account with PMT, it is the your responsibility to notify PMT Forklift with updated information. If you are sending in notice of information change, please fill in the pertinent information on our application and fax it in. We will confirm it once processed. Again thank you for choosing PMT.

Please Fax Back To Accounts Receivable 631-661-1199

Payment / Mailing Address: PMT Forklift Corp. / ATTN: Accounts Receivable / 275 Great East Neck Road / West Babylon, NY 11704

Please Make Checks Payable to PMT Forklift Corp. W-9 Form Available Upon Request. Or tax ID# is 11-2608723

Section I. COMPANY INFORMATION (Must be filled in)

Open Accounts Application Equipment Finance Application Term Rental/Purchase
 Account update or change Customer Information Only Application Re-establish Credit Notice of Name or Ownership Change

Company: _____ Contact: _____

Tax ID# or SS# _____ Year Incorporated: _____ Web Address: _____

Main Address: _____ Tel: _____
_____ Fax: _____
_____ Contact Email: _____

Other DBA or Trade Name: _____ SIC CODE: _____

Payments will be made under the name of: _____

Has the firm operated under a different name or ownership within the last 2 years? Yes No (if yes, fill in next 2 lines)

Former company name if different from current: _____ (old) Tax ID or SS# _____

Reason for Name or Ownership Change: _____

If re-establishing an open account with PMT Forklift, when was the last date you did business with PMT Forklift?: _____

Have you done business with PMT Forklift Corp under a different name?: Yes (Name) _____ No

Your Nature of Business: _____

Credit line Requested \$ _____ or. We will be paying C.O.D. or payment upfront. _____

Services Rendered: Sales Service Rentals Parts Other: _____

Applying for Equipment Financing: Y N Amount: \$ _____ New Used/Rec. Rent to own

Section II. OWNERSHIP INFORMATION (Must be filled in)

Business Type: Prop. Part. Corp. Other: _____ Years in Business _____ Year Est. _____

Principle Name: _____ CEO Name: _____

OFFICER'S NAMES	ADDRESS	TITLE	SOC. SEC. #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the firm or any of its principals ever been Bankrupt or filed for bankruptcy? Yes No

If Yes, explain: _____

Section III. TRADE REFERENCES (Required)

We have issued our own credit reference sheet, but confirm the credit application and or terms of PMT's credit application.

Please initial: _____ *if you are using your own trade references form, this application must still be signed and authorized. Include signed copy with your sheet and have authorized signer initial this page with a note of credit references attached on this page.*

Company: _____ Contact: _____ Tel#: _____
Address: _____

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Address: _____

Company: _____ Contact: _____ Tel#: _____
Address: _____

Section IV. BANK INFORMATION (Required)

Main Bank _____ Contact: _____ Tel#: _____

Branch Address: _____

Account #: _____ TYPE: Checking _____ Savings _____ Other _____

Section V. BUILDING INFORMATION (Must be filled in)

Customer: Owns Rents Leases, the facility where service is performed at or products delivered to.

Landlord / Owner Name: _____ Phone: _____

Address: _____

Section VI. INSURANCE INFORMATION (Must be filled in)

If applying for a rent to own purchase, you must supply a certificate of insurance naming PMT Forklift Corp. as additional insured covering the full value of equipment involved off and on-site.

Insurer (Property – Inland Marine): _____ Policy #: _____ Phone: _____
Worker's Comp Carrier: _____ Policy #: _____ Phone: _____

** If insurance certificate is required, it is the customer's responsibility to make sure that all information is up to date, and proper insurance carried.*

Section VII. PAYABLES INFORMATION (Must be filled In)

Accts Payable Contact: _____ Reports to: _____

Phone # _____ ext. _____ Fax # _____

Accounts Payable Email: _____

Special Notes: _____

Bill to address if different than main address: _____

If your "Ship-To" or "Work-Done at" address is different from "Bill-To" address, please specify below:

Any special notes on Purchase Authorization, PO, or Authorized Signer/Purchaser, Person to see contact:

If tax Exempt or Resale Exempt, please provide the proper Exemption form. Exempt status cannot be honored without proper completed form. Please fax proper exemption form along with credit application to 631-661-1199 Attn: A/R. PMT Reserves the right to review exemption status.

Customer is responsible for all legal fees and commissions incurred by PMT Forklift Corp. as well as the full invoice amount(s) due as a result of this account being placed in collections. A carry fee will be computed monthly and due on all past due invoices. In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed _____. In the event any third parties are employed to collect any outstanding monies owed by said

business the undersigned agrees to pay reasonable collection costs, including but not limited to attorney fees, filing fees, repossession and transport fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

I/We hold that the above information is truthful and current. PMT Forklift Corp. is hereby authorized to disclose and request the information contained herein of the above financial institutions or vendors/creditors. Applicant also holds that they are an authorized as an agent of the applying company and are authorized to open an account with PMT Forklift Corp. on behalf of applying company.

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

Name (print): _____ Title: _____

Signature: _____ Date: _____

Section VIII. STANDING CREDIT CARD AUTHORIZATION (If Required)

Authorization is hereby given to charge the following credit card for open balances / or purchases when due. PMT is authorized to charge any past due balance, or invoices and fees incurred due to a payment being made returned for insufficient funds, to the credit card on file. Notification will be sent that charge has been made. PMT Forklift will provide remittance on charges made on this account. If charges are for a term agreement, authorization to charge per that term is given with signature of this document.

Credit Card Type: Visa Master Card Amex Discover
Name on card as it appears: _____
Account #: _____
Expiration Date: ____ / ____ / ____ ID# _____
Card Holders State Driver's License/ID #: STATE: _____ License/ID #: _____

Authorized Name: _____ Signature: _____ Date: _____

Section IX. PERSONAL GUARANTEE REQUIREMENT (If Required)

PMT requires a personal guarantee to open this account. An officer or principle of the company must sign this.

I, _____ (Guarantor Name), certify information on this application to be accurate and agree to the terms and state my personal guarantee to comply with the terms of open account status with PMT Forklift Corp.

Name Print: _____ Title: _____

Soc Sec#: _____ Driver's License #: _____ in the state of: _____

Personal Guarantee
To PMT Forklift Corporation.

In consideration for PMT Forklift Corporation extending credit to _____ for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to PMT Forklift Corporation by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement. PMT Forklift Corporation shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by _____. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date _____ Name: _____
(Name of person guaranteeing payment, NO TITLE)

Home address _____

Home Phone # _____ SS# _____

Signature of person guaranteeing payment _____

Name of Business whose account is guaranteed _____

Thank you for choosing PMT Forklift Corporation