

MAIN OFFICE
P.O. Box 160
Morristown, OH 43759
740-782-1314
FAX 740-782-1516

APPLICATION FOR COMMERCIAL CREDIT

TOLEDO BRANCH
12425 Williams Rd.
Perrysburg, OH 43551
419-874-6001
FAX 419-874-7354

RECO EQUIPMENT, INC.

INDIANAPOLIS BRANCH
1315 Terminal Rd.
Indianapolis, IN 46217
317-781-8100
FAX 317-781-8720

CLEVELAND BRANCH
2841 Brecksville Rd.
Richfield, OH 44286
330-659-0800
FAX 330-659-4880

PITTSBURGH BRANCH
20620 Route 19 North
Cranberry Twp., PA 16066
724-779-4646
FAX 724-779-4611

COLUMBUS BRANCH
4250 Perimeter Dr.
Columbus, OH 43228
614-276-0001
FAX 614-276-0676

CINCINNATI BRANCH
1040 Reed Dr.
Monroe, OH 45050
513-539-5255
FAX 513-539-5256

DETROIT BRANCH
2021 Charles H. Orndorf Dr.
Brighton, MI 48116
810-225-9016
FAX 810-225-9216

EMAIL APPLICATION TO: CREDITAPPLICATION@RECOEQUIP.COM

COMPANY NAME _____ PHONE NO. _____

ADDRESS _____ FAX NO. _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

TYPE OF ENTITY: CORPORATION PARTNERSHIP PROPRIETORSHIP YEAR ESTABLISHED _____

FEDERAL IDENTIFICATION NUMBER _____ PURCHASE ORDER REQUIRED? YES NO

TAXABLE? YES NO *IF EXEMPT, PLEASE INCLUDE TAX EXEMPT CERTIFICATE (TAX WILL BE CHARGED UNTIL THIS IS RECEIVED)*

FINANCIAL INFORMATION

BANK NAME _____ ACCT. NO. _____ PHONE NO. _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

CONTACT NAME _____

INSURANCE CO. _____ AGENT _____ PHONE NO. _____

OFFICERS/OWNERS

NAME-TITLE _____ NAME-TITLE _____

HOME ADDRESS _____ HOME ADDRESS _____

CITY/STATE _____ ZIP _____ CITY/STATE _____ ZIP _____

PHONE NO. _____ PHONE NO. _____

SOC. SECURITY NO. _____ SOC. SECURITY NO. _____

TRADE REFERENCES (Please NO Oil Companies, Utilities or Credit Card Companies)

NAME _____ NAME _____ NAME _____

ADDRESS _____ ADDRESS _____ ADDRESS _____

CITY _____ CITY _____ CITY _____

STATE/ZIP _____ STATE/ZIP _____ STATE/ZIP _____

PHONE NO. _____ PHONE NO. _____ PHONE NO. _____

FAX NO. _____ FAX NO. _____ FAX NO. _____

COMMERCIAL CREDIT TERMS

All invoices are due and payable according to the invoice terms. Interest will be charged on all invoices not paid by the 30th day after the invoice is due and payable, at the rate of eighteen percent (18%) per annum, or the maximum rate permitted by the state or federal law, whichever is greater. It is expressly agreed that all obligation of the parties created herein are performable in the county of Belmont, in the state of Ohio, the Main Office of RECO Equipment, Inc., and the laws of the state of Ohio shall govern all transactions. Suit may be brought in Belmont County, Ohio. A failure to pay requiring suit shall entitle RECO Equipment, Inc. to the costs of suit, including its attorney's fees incurred in the collection. RECO Equipment, Inc. is authorized to investigate and obtain reports regarding this application or resulting account with credit reporting agencies and others, including personal guarantors. By signing below, signer confirms he is authorized to sign on behalf of the company.

AGREED TO BY _____ DATE _____

COMPANY NAME

AUTHORIZED SIGNATURE _____ TITLE _____

NOTICE: THIS APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO OBTAIN OPEN ACCOUNT.

ACCOUNTS PAYABLE: Phone: 866-732-6750, Fax: 740-782-1020