



NEW ACCOUNT _____

EXISTING ACCOUNT # _____

FOR STORE USE | Salesman Code: _____

NEW or EXISTING ACCOUNT CREDIT INFORMATION

RETURN TO: P.O. Box 80250 • Billings, Montana 59108 • Phone (406) 245-5107 • Fax (406) 252-1139

SECTION 1

BUSINESS INFORMATION: DATE: _____

CIRCLE YOUR PRIMARY MACON LOCATION:

BILLINGS, ROOFING, BOZEMAN, GREAT FALLS, HELENA, KALISPELL, MISSOULA, SIDNEY, SPOKANE

LEGAL BUSINESS NAME or OWNER'S NAME: _____

BILLING ADDRESS _____

CITY _____ ST _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ ST _____ ZIP _____

BUSINESS PHONE (_____) _____ - _____

BUSINESS FAX (_____) _____ - _____

OPERATIONAL INFORMATION:
YEARS ESTABLISHED: _____ DESIRED CREDIT LINE \$ _____

ACCOUNTS PAYABLE CONTACT NAME & PHONE:
_____ (_____) _____ - _____

EMAIL: _____

Do you require the use of purchase orders? _____

Tax ID # _____ Are you tax exempt? _____

Do you require a monthly statement*? _____ *Monthly statements are mailed the first week of each month for the previous month's transactions. Invoices are mailed individually.

ACCOUNT TERMS: Please note our terms are 1% @ 10th, net 30 days. We accept all major credit cards – but *no discounts may be taken on credit card transactions*. Service charges are assessed on past due accounts at 1.5% and are due in that period.

SECTION 2

BUSINESS TYPE: Please list names, titles and contact phone for the owner(s), partner(s), or officer(s):
____ SOLE PROPRIETOR _____
____ PARTNERSHIP _____
____ CORPORATION _____

BANK REFERENCE:
BANK NAME: _____
PHONE: (_____) _____ - _____
FAX: (_____) _____ - _____
ADDRESS: _____
CITY, STATE, ZIP: _____
Have you had loans with this bank? _____
CURRENT LOAN OFFICER: _____

BUSINESS/TRADE REFERENCES:
Business references will be contacted to verify their trade history with your company. All information remains confidential. Please provide three references who have offered you a similar line of credit opportunity as MaCon Supply, Inc.
NAME: _____
PHONE: (_____) _____ - _____
FAX: (_____) _____ - _____
CITY, STATE: _____
NAME: _____
PHONE: (_____) _____ - _____
FAX: (_____) _____ - _____
CITY, STATE: _____

SECTION 3

PERSONAL GUARANTEE
The undersigned hereby guarantees any indebtedness incurred on the aforesaid account (including interest and all collection costs including attorney fees) and waives presentment and demand for payment, notice of non-payment, protest and notice of protest, and consents without notice of any extensions of time or increase in the amount of credit given. The undersigned hereby waives all right to a jury trial and to file a counter-claim and consents to jurisdiction and venue with the Yellowstone County Circuit Court of Montana. This is intended to be a continuing guarantee and shall continue as to all new indebtedness incurred unless and until written notice is served upon MaCon Supply, Inc. by certified mail-return receipt requested; declaring said personal guarantee shall not apply to future purchases. Future updates to this application by completion of a new credit application shall not discontinue this guarantee. A facsimile copy of this agreement shall be as binding as an original.

PRINT NAME _____ TITLE _____
SIGNATURE/DATE _____
PRINT NAME _____ TITLE _____
SIGNATURE/DATE _____

CREDIT HISTORY AUTHORIZATION – Permission to review credit history
I/we authorize MaCon Supply, Inc. to investigate our credit history, bank references and any other information deemed necessary to extend credit. I/we agree to immediately notify MaCon Supply, Inc. of any changes in ownership, address, phone number, or form of business. This agreement shall remain in force until written notice of revocation is received by MaCon Supply, Inc. This agreement covers any purchases which the customer makes from MaCon Supply, Inc. which the customer does not pay cash for immediately. Customer will be agreeing to the provisions contained in this agreement each time the customer uses the account or authorizes use thereof. **Accounts are due and payable 1% 10th, net 30 days, and all charges are due in full with no option to pay in installments. Late charges will be assessed on past due accounts at 1 ½% per month (18% per annum).** In the event the customer fails to pay in accordance with this agreement and collection is made by suit or otherwise, the customer agrees to pay all collection costs, including a reasonable attorney's fee with or without suit. **I/we have read and agree to all the terms and conditions of this agreement set forth in this application:**

PRINT NAME _____ TITLE _____
SIGNATURE/DATE _____
PRINT NAME _____ TITLE _____
SIGNATURE/DATE _____