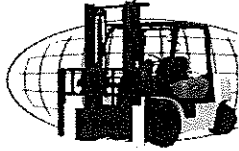


KOMATSU FORKLIFT, ATLANTA

APPLICATION FOR OPEN ACCOUNT

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____



KOMATSU
Forklifts

LEGAL NAME OF COMPANY: _____

BILL TO ADDRESS:

SHIP TO ADDRESS:

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

BANK NAME: _____

CITY: _____ STATE: _____ FAX# _____

TYPE OF ACCOUNT: CHECKING _____ LOAN _____

REFERENCES

TRADE NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

FAX NUMBER: _____

ACCOUNT NUMBER _____

TRADE NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

FAX NUMBER: _____

ACCOUNT NUMBER _____

TRADE NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

FAX NUMBER: _____

ACCOUNT NUMBER: _____

I CERTIFY THE ABOVE TO BE TRUE AND CORRECT, AND UNDERSTAND THE TERMS OF AN OPEN ACCOUNT ARE: NET 10 DAYS. I AUTHORIZE A CREDIT REPORT TO BE REQUESTED AT KOMATSU'S DISCRETION.

SIGNED: _____ TITLE: _____

FOR OFFICE USE

CREDIT LIMIT: _____

APPROVED BY: _____

KOMATSU FORKLIFT OF ATLANTA, 1475 ROCKMOUNTAIN BLVD., STONE MOUNTAIN, GA 30083

TEL: (770) 980-5071 GA TOLL: (800) 282-9089 FAX: (770) 939-0264

COORDINATOR: _____