



KOMATSU FORKLIFT U.S.A., LLC

CUSTOMER CREDIT APPLICATION

ATLANTA CHICAGO CALIFORNIA

Date _____

New Existing

Company Name _____ DBA _____

Billing Address _____

City _____ State _____ ZIP _____

Shipping Address _____

City _____ State _____ ZIP _____

Phone _____

Fax _____

Under Present Ownership Since _____

Owner/Principal _____

Federal ID # _____

Years in Business _____

Accounting Contact _____

Phone _____

Type of Business Proprietorship Partnership (LP) Corporation Contractor LLC Individual

Dun & Bradstreet DUNS# _____

Sales Tax Exempt Yes No

If yes, please provide Sales Tax Certificate

Type of business you anticipate with Komatsu (check all that apply) <input type="checkbox"/> Equipment Purchase <input type="checkbox"/> Equipment Rental <input type="checkbox"/> Service on Equipment <input type="checkbox"/> Parts Purchases
--

Invoice Receipt Option: <input type="checkbox"/> Email (provide address) _____ <input type="checkbox"/> Mail _____

Desired Credit Limit _____

Purchase Orders Required: Yes No

Have you purchased from Komatsu Forklift in the past under a different entity/name Yes No

If yes, Previous Entity/Name _____

Address _____

City _____ State _____ ZIP _____

Komatsu Sales Rep _____

INDUSTRY TRADE REFERENCES

Name	Address	Acct. #	Phone #	Fax #
1.	_____			
2.	_____			
3.	_____			

BANK REFERENCE

Name	Address	Acct. #	Phone #	Contact
1.	_____			
2.	_____			

CREDIT AGREEMENT

The undersigned agrees that the information provided on this New Account Application is true and complete to the best of my knowledge. In order to expedite the opening of your new account, please provide as much information possible. I hereby authorize Komatsu Forklift to contact any company, individual or agency that may provide any relevant information necessary to establish credit solely for the business listed on this application. Should this application be approved, I (we) agree to pay for all goods purchased within thirty (30) days of invoice date. It is understood and agreed that all charges not paid within of receipt of invoice shall accrue interest at the rate of 1.5% per month. Should it become necessary to collect this account by legal proceedings or otherwise, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISES TO PAY ALL COST OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

Authorized Signature _____ Applicant Title _____ Date _____

For Accounting Use Only

Date _____	Credit Limit / Credit Terms _____
Approved by: _____	Title _____