



CUSTOMER APPLICATION

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|--|---------------|--|--|----------------------------------|---------------|
| Trade Name: | | | | | |
| Legal Name: | | | | | |
| Name of Client that you are applying for credit with: Associated Fuel Systems, Inc. | | | | | |
| Estimated Monthly Credit Required: \$ | | | | | |
| Phone Number: () - | | Fax Number: () - | | | |
| Physical Address: | | City: | State: | Zip: | |
| Mailing Address: | | City: | State: | Zip: | |
| Website: | | | | | |
| Name & Title of Contact Person: | | | Email Address: | | |
| Office Number: () - | | Fax Number: () - | | Cell Number: () - | |
| Date Business Started or Purchased: | | | Federal ID Number: | | |
| Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Gen <input type="checkbox"/> Ltd | | | | | |
| State of Incorporation: | | Are you listed with Dun & Bradstreet? Yes <input type="checkbox"/> No <input type="checkbox"/> # | | | |
| Motor Carrier #: | | DOT #: | | | |
| Name of Business Affiliates: Parent/ Holding Co/ Subsidiaries/Franchises: | | | | | |
| Is Purchase Order Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Authorized Person to Issue Purchase Orders: | | | | | |
| Has the Company or any Principal Owner filed Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Filed: | | | | | |
| Principal Owners or Stockholders: | | | | | |
| Name: | Title: | City: | State: | Phone: | |
| | | | | () - | |
| | | | | () - | |
| | | | | () - | |
| List Banks and 30-Day Trade References: | | | | | |
| Bank Name: | City: | State: | Account #: | Bank Officer Contact Name | Phone: |
| | | | | | () - |
| | | | | | () - |
| Trade Name: | City: | State: | Email: | Phone: | Fax: |
| | | | | () - | () - |
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| <p>The Company applying for credit in this Application ("Company") has requested credit from the clients listed above and any other client (collectively, "Clients") from whom ProBilling & Funding Service, a division of Peoples Bank of Alabama, may from time to time purchase accounts receivable. Company is furnishing the information and agreements herein solely at the clients request to obtain credit from clients and understand that ProBilling & Funding Service may refuse to purchase accounts of the Company from any of the clients at any time without notice to Company or any other party. All parties listed above, and with or without notice to Company, any client may receive a copy of this application and all such parties are authorized to release credit concerning Company to ProBilling & Funding Service. Company understands that all accounts are due on the 15th day of the calendar month after the calendar month of the statement date. If ProBilling & Funding Service, after Company's refusal to pay, collects through an attorney any indebtedness related to any client account assigned to ProBilling & Funding Service, the Company shall pay all collection costs, including a reasonable attorney's fee. Payments accepted in U.S. funds only.</p> | | | | | |
| Print or Type Name: | | | Title: | | |
| Signature: | | | Date Signed: | | |
| PERSONAL GUARANTY | | | | | |
| <p>The undersigned individually, jointly and severally and unconditionally guarantee the payment when due of all invoices/accounts purchased by ProBilling & Funding Service from any Client. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guaranty hereby consents to and authorizes the use of consumer credit report on the undersigned, by ProBilling & Funding Service from time to time as may be needed in the credit evaluation process.</p> | | | | | |
| Signed: | | Social Security Number: | | Date: | |
| Please submit to credit@ProBFS.com or fax (256) 301-0238 | | | Questions: Please call (844) 277-6237 – Option 2 | | |
| Peoples Bank of Alabama Federal ID Number: 63-0728482 | | | | | |