

Johnson Lift / HYSTER

INDUSTRY
P.O. BOX 60007
City of Industry, CA 91716

ANAHEIM
3650 E. Miraloma Avenue
Anaheim, CA 92806

OXNARD
1061 S. Industrial Avenue
Oxnard, CA 93030

RIVERSIDE
1360 Citrus Avenue
Riverside, CA 92502

SAN DIEGO
7227 Carroll Road
San Diego, CA 92121

YUMA
4457-1 Gila Ridge Road
Yuma, AZ 85365

Financial Information

BUSINESS NAME (LEGAL & TRADE STYLE) | PHONE
| ()

ADDRESS | CITY/ZIP | FAX
| ()

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

THIS LOCATION IS: NAME AND ADDRESS OF PARENT COMPANY (IF APPLICABLE)

MAIN OFFICE BRANCH OFFICE

BUSINESS ENTITY IS: CORPORATION PARTNERSHIP SOLE PROPRIETOR | STATE OF INCORPORATION

* NOTE: If partnership, all partners must sign application

LIST NAME(S) OF CORPORATE OFFICER(S) OR OWNER | IF PARTNERSHIP OR SOLE PROPRIETOR WE MUST HAVE NAME(S) AND SOCIAL SECURITY NUMBERS

POSITION / TITLE	NAME	HOME ADDRESS/CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	% OWNERSHIP

YEARS IN BUSINESS | YEARS AT PRESENT LOCATION | AVERAGE MONTHLY SALES | AVERAGE NO. EMPLOYEES | HAVE YOU DECLARED BANKRUPTCY ?
| OWN LEASE | WHAT YEAR?

DESCRIBE YOUR PRODUCT OR SERVICE | S.I.C. CODE

BANK REFERENCES (INCLUDE ADDRESS, CITY, STATE, ZIP)

PRIMARY BANK | BRANCH | AREA CODE | PHONE
()

CONTACT | CHECKING# | LOAN#

2ND BANK | CHECKING# | AREA CODE | PHONE
()

TRADE OR CREDIT REFERENCES: List your major suppliers.

COMPANY	ADDRESS, CITY, STATE, ZIP	ACCOUNT#	AREA CODE	PHONE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

SECURED LEASE REFERENCE COMPANY | LEASE # | AREA CODE | PHONE

NAME OF PERSON IN CHARGE OF ACCOUNTS PAYABLE | AREA CODE | PHONE

ARE PURCHASE ORDERS REQUIRED? | FEDERAL ID NO.

APPLICANT, IN CONSIDERATION OF EXTENSION OF CREDIT BY JOHNSON LIFT / HYSTER, AGREES TO THE FOLLOWING TERMS AND CONDITIONS:

- PAYMENT TERMS: NET 10 DAYS FROM DATE OF INVOICE ON ALL PARTS AND SERVICE INVOICES, NET CASH ON ALL EQUIPMENT SALES, LEASES AND SALES CONTRACTS.
- SERVICE CHARGE WILL BE ADDED TO ALL INVOICES NOT PAID AS STATED ABOVE AT 1-1/2% PER MONTH (18% PER ANNUM).
- THE UNDERSIGNED AND ALL OFFICERS OR PARTNERS, INDIVIDUALLY PROMISES TO PAY AND PERSONALLY GUARANTEES THAT ALL MONIES DUE TO JOHNSON LIFT ON THIS ACCOUNT BE PAID IN FULL.
- APPLICANT FURTHER AGREES TO PAY ALL COLLECTION COSTS, INCLUDING ATTORNEY'S FEE AND COURT COST, IN CASE IT IS NECESSARY TO TAKE LEGAL ACTION TO COLLECT PAST DUE ACCOUNTS.

THE UNDERSIGNED HEREBY GRANTS PERMISSION FOR JOHNSON LIFT/HYSTER AND ITS ASSOCIATES TO OBTAIN FROM ANY SOURCE INFORMATION RELATED TO ITS CREDIT STANDING.
NOTE: MUST BE SIGNED BY A PRINCIPAL OR OFFICER OF THE COMPANY

SIGNED BY: _____ OTHER SIGNATURES: _____

TITLE: _____

DATE: _____