

COMMERCIAL ACCOUNT APPLICATION

Please mail or fax completed applications to:

Berry Material Handling 4626 S Palisade Ave Wichita, KS 67217 Attn. Credit Department Phone: (316) 945-0101 Fax: (316) 946-9627 Email: ar@barrymaterial

Email: ar@berrymaterial.com Website: www.berrymaterial.com Please mail payments to:

Berry Material Handling PO Box 844210 Dallas, TX 75284-4210

GENERAL INFO	ORMATION:								
Business Name (F	'ull Legal Name)			Fed Emp. Id#					
Billing Address _									
City		County		State		Zip+4			
Phone #	Fax			Cell #					
Shipping Address	(If Different From I	Billing Address)							
City		County		State		Zip+4			
				In Business Since					
				nal () Government ()					
Incorporated State	e of		Date of Incorpor	ration//	Fed Emp. Id # _				
Officer Name				Title					
Officer Name	First	Middle initial	Last	Title					
Officer Name		Middle initial	Last	Title					
	First	Middle initial	Last						
	Partnership ()								
Partners:					Fed Emp. Id#_				
Name			Title	SS#		Date of Birth//			
Address (Street) _		Cou	inty	City	State	Zip+4			
Name			Title	SS#		Date of Birth//			
			•	•		Zip+4			
		roprietorship () Gu							
Owner/Name	NameFirst Middle initial Last			_ SS#		Date Of Birth//			
			Last nty	City	State	Zip+4			
Phone #		Fa:	x #		Cell #				
Nature of Busines	ture of Business In Business Since								
Monthly Statemen						alid Certificate Must Be Attached.			
Accounts Payable	Contact:	Phone #			E-Mail:				
Would vou like to	have vour statem	ent / invoice mailed	l to vou? Yes ()) No ()					
•	•		•						

INSURANCE COMPANY:							
Name & Address							
Note: If you plan to utilize our ren Certificate of Insurance covering r	ented or leased equipment with our compan	al damage waiver charge. Please have your in ny as "Certificate Holder" and named as loss	nsurance company forward a payee or additional insured.				
BANK REFERENCE:							
Name	Contact Name						
Address	City	State	Zip+4				
Phone #	Fax #	Account #	Account #				
TRADE REFERENCES:							
1> Name & Address							
Account #	Phone #	Fax #					
2> Name & Address							
Account #	Phone #	Fax #					
3> Name & Address			<u> </u>				
Account #	Phone #	Fax #					
family or household purposes. In the Personal Guarantee Agreement below connection with the extension or con report consistent with applicable law The undersigned will be billed in "Company"). The undersigned agree not be deferred. The undersigned ag individual billing, late-payment fees trade accounts. The late-payment fees after the effective date of the adjusted demand, exercise all rights and remerights at any time in accordance with including all reasonable costs of colle law. Liability hereunder shall be join The submission of this applicant to utilize undersigned or the applicant to utilize This agreement shall be governed be (K.S.A. 59-623, et seq.) as may be in Note: DO NOT SIGN THIS AGREE	e event that the undersigned is a sole proprietor, the undersigned hereby authorizes the Comptinuation of the trade account represented by the dividually for each purchase made on the accounts the stop pay the billed amount within 30 days of the rees that, if the billed amount is not paid the lawill be charged on the overdue balance at a pere may be adjusted by the Company upon thirty them. If the undersigned fails to pay the entire to dies available by law for the collection of the beapplicable law to secure collection of amounts the amount in the count costs, and and several. The the undersigned or the application of the application of the undersigned or the application of the second or the sec	he undersigned is a "consumer" with the meaning sions of the KCPA shall not apply to this agreem IE AGREEMENT IN ITS ENTIRETY.	ns of the applicant by signing the idersigned from time to time in ingly consents to the use of such credit iaries, affiliates and divisions (the in the individual billing. Payments may hase, unless otherwise stated on the PERCENTAGE RATE) for commercial new fee will apply to all purchases made impany may, without further notice of a reserves the option to exercise its lien enses of collection, with or without suit, extent allowed under applicable state by does not guarantee or give the extend or withdraw the ability of the gof the Kansas Consumer Protection Act				
Signature							
Your Name (Please Print)		Title	Date/				
Personal Guarantee Agreemen In consideration of a trade terms bein the payment of all amounts purchase exists, I/We will personally guarante served via certified or registered mai obligation of the guarantor(s) to prov	t: ng extended by the Company, I/We certify the standard or now owing. If trade terms are extended to e the payment of all charges extended to said call, and any such revocation shall become effectivide for prompt payment of indebtedness incurrefees shall be incurred pursuant to this guarante	truthfulness of the statement appearing above, ar o a corporation in which we, or either of us, or I corporation. This guarantee may only be revoked ive 30-days after receipt of said written revocation red prior to the effective date of the revocation, is and under any contract evidencing the indebted (Individually-Complete Section 4 on front page 1).	and I/we guarantee and bind ourselves to am an officer, or in which an interest a by written notice to the Company on. Any revocation does not revoke the neluding the principal amount, interest, dness guaranteed herein.				

Note: The Federal Equal Credit Opportunity Act prohibits creditor from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant in good faith exercised any right under the Consumer Protection Act. The Federal Agency that administers compliance with this law concerning this credit is the Federal Trade Commission, 1405 Curtis St., Suite 2900, Denver, CO. 80202.