



P.O. Box 11520
 Lexington, KY 40576-1520
 Phone (859) 254-6443
 Fax (859) 254-9099

Wilson Equipment Co., Inc.
 828 W. Cumberland Gap Parkway
 Corbin, KY 40701
 (859) 528-0700
 (859) 528-2329 Fax

Wilson Equipment Co., Inc.
 2124 Watergap Road
 Prestonburg, KY 41653
 (859) 874-8036
 (859) 874-0013 Fax

APPLICATION FOR CREDIT

DATE _____

PURCHASER _____ SOCIAL SECURITY # OR FED I.D. # _____

ADDRESS _____ PHONE# _____ FAX# _____

E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT THIS ADDRESS _____ PREVIOUS ADDRESS _____

TYPE OF OWNERSHIP INDIVIDUAL PARTNERSHIP CORPORATION GOVERNMENT JOINT VENTURE OTHER

OWNER/PRESIDENT _____ SSN _____

RESIDENTIAL ADDRESS _____

IF INDIVIDUAL- PLACE OF EMPLOYMENT _____ PHONE _____

LIST 3 TRADE REFERENCES

<u>NAME</u>	<u>ACCT#</u>	<u>ADDRESS</u>	<u>PHONE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK REFERENCE (S)

<u>NAME</u>	<u>CHECKING ACCT#</u>	<u>CONTACT & BRANCH</u>	<u>PHONE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

In consideration of credit which has been, or will be, extended to the named company, the undersigned does unconditionally, personally, and individually guarantee to Wilson Equipment Co., Inc. the payment of any and all indebtedness that may be due now or which may become hereafter due, such amount to include attorney's fees incurred in the enforcement and collection of said indebtedness as a result of this agreement. This guarantee shall be for the amount owing, but not to exceed one hundred thousand dollars, and this guarantee shall run until December 31, 2011. It is understood that venue for purpose of collection of any unpaid balance shall lie in Lexington (Fayette County) Kentucky. A faxed copy of this application will be treated just as an original.

SIGNATURE _____ TITLE _____ SSN _____ DATE _____

SIGNATURE _____ TITLE _____ SSN _____ DATE _____

WHERE DID YOU HERE OF US? _____

FOR OFFICE USE ONLY WHAT TYPE OF ACCOUNT TO BE OPENED? RENTAL _____ PARTS _____ SERVICE _____

IF RENTAL ACCOUNT: EQUIPMENT TO BE RENTED _____ HOW LONG _____

JOB LOCATION / PROJECT _____