

APPLICATION FOR COMMERCIAL CREDIT

I hereby make application for credit from **TRACTOR & EQUIPMENT CO., N C MACHINERY CO., MACHINERY POWER & EQUIPMENT CO., N C POWER SYSTEMS CO., OR ANY OF THEIR RELATED OR AFFILIATED COMPANIES**, and in support of said application, make the following statements:

Please indicate which company your primary dealings will be with and return this Application to the nearest location listed on the reverse side.			
<input type="checkbox"/> Tractor & Equipment Co.	<input type="checkbox"/> N C Machinery Co.	<input type="checkbox"/> Machinery Power & Equipment Co.	<input type="checkbox"/> N C Power Systems Co.

APPLICANT NAME _____ Trade Name (If Different) _____
 BILLING ADDRESS _____ CITY/STATE/ZIP _____
 PHYSICAL ADDRESS _____ BUSINESS # _____ FAX # _____
 COUNTY _____ BUSINESS START DATE _____ CELL # _____ HOME # _____
 E-MAIL ADDRESS: _____

Goods and services to be purchased under this open account will not be primarily for personal, family or household purposes.

SOCIAL SECURITY NO. _____ TAXPAYER I.D. NO. _____
 NATURE OF BUSINESS: Construction Logging Mining Agriculture Trucking Industrial Marine Other _____
 TYPE OF BUSINESS: Sole Proprietorship General Partnership L.L.C. Corporation Division Subsidiary Other _____
 If Division or Subsidiary, give name of Parent: _____ City/State: _____

PRINCIPALS - NAMES OF OFFICERS, PARTNERS, OWNER:				(ATTACH ADDITIONAL SHEET IF NECESSARY)
Full Name	Residence Address	Title	Interest in Business	Social Security No.

INSURANCE CO.: _____ Phone # _____ Contact _____
 BONDING CO.: _____ Contact _____ Phone # _____

BANK/FINANCE CO. REFERENCE:	BALANCES: \$	(CKG) \$	(SVGS)
NAME	CITY/STATE/ZIP	CONTACT	PHONE

TYPE OF ACCOUNT: BUSINESS CHECKING PERSONAL LOAN ACCOUNT NO.: _____

TRADE REFERENCES:			
NAME	ADDRESS	CITY/STATE/ZIP	PHONE

Has the business or any principal ever declared bankruptcy? Yes No If yes, date filed _____. Any outstanding liens or judgments? _____

CREDIT LIMIT REQUESTED: _____ Sales Tax Exempt? Yes No If yes, attach exemption certificate.
(PLEASE USE REVERSE SIDE FOR BILLING INSTRUCTIONS.)

Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to dealer or any party which may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release any credit/financial information concerning applicant or such other person as such party may deem appropriate, and to share all such information with the other. I agree to notify you of any material changes in the statements made in this application. I understand and agree that should credit be extended, payment of the account in full is due on or before the 10th day of each month following the month in which the charge occurs. Any amount unpaid after thirty days from the date the debt is incurred shall bear a late payment charge of the lesser of 1 1/2% per month, which is an annual percentage rate of 18%, or an amount not to exceed the highest rate permitted by law. I agree to submit to the jurisdiction of the courts of the State of Alaska and agree that the proper venue for any action shall be the Municipality of Anchorage. I agree to pay all costs, including reasonable attorney fees, incurred by you for collection of this account. I understand that the fact that a late payment charge will be imposed does not authorize payment of this account to be made in installments or in any other manner than herein provided except that I may pay the account in full at any time.

DATE _____ APPLICANT _____
 Signature of Owner(s)/Principal(s) or authorized Officer(s)/Partner(s)

PERSONAL GUARANTEE
The undersigned, _____ in consideration of your giving credit to the aforesaid applicant, jointly and severally guarantee(s) and agree(s) to pay to TRACTOR & EQUIPMENT CO., N C MACHINERY CO., MACHINERY POWER & EQUIPMENT CO., N C POWER SYSTEMS CO. OR ANY OF THEIR RELATED OR AFFILIATED COMPANIES all monies which shall become due you from: _____ by reason of any credit you extend as herein requested, including late payment charges and all costs of collection and reasonable attorney's fees for recovery of the debt if it is due whether it is incurred by the debtor or guarantor or both. I (We) hereby waive any obligation upon you to make demand on the debtor and waive notice to make demand on the debtor and waive notice of default to me (us) and consent to any extensions and renewals of the debtor's obligations hereof without notice. I (We) authorize TRACTOR & EQUIPMENT CO., N C MACHINERY CO., MACHINERY POWER & EQUIPMENT CO., N C POWER SYSTEMS CO., OR ANY OF THE RELATED OR AFFILIATED COMPANIES to release, at its sole option, and from time to time, any and all collateral given it by the debtor without affecting the guarantee. Dated at _____, this _____ day of _____, 2010 _____ Signature(s)

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Corporate Credit Manager, 17035 W. Valley Hwy, Tukwila, WA 98188 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 day from receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating 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 derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Creditor is the FTC Regional Office for the region in which the Creditor operates or the Federal Trade Commission, Washington, DC.

PLEASE RETURN APPLICATION TO NEAREST LOCATION BELOW:

P.O. Box 30158
P.O. Box 3562
P.O. Box 190148

Billings, MT 59107
Seattle, WA 98124
Anchorage, AK 99519-0148

406-656-0202
425-251-9800
907-561-1766

(Fax) 406-652-6865
(Fax) 425-251-6287
(Fax) 907-786-7532

FINANCIAL STATEMENT

Financial condition at _____

Book Records
From Estimates (Please Check One)

ASSETS

Cash on Hand and in Banks \$ _____
Accounts Receivable..... _____
 (Amount Pledged)..... _____
Notes Receivable _____
 (Amount Pledged)..... _____
Inventory _____
Merchandise _____
Government Bonds _____
Machinery and Equipment _____
Fixtures and Tools..... _____
Real Estate and Buildings _____
 Located at _____
Trucks and Autos _____
Deposits _____
Other Assets, Specify..... _____
 _____ _____
 _____ _____
TOTAL ASSETS \$ _____

LIABILITIES

Accounts Payable (TRADE) \$ _____
Notes Payable, Equipment _____
Notes Payable – Secured _____
 Banks _____
 Other _____
Notes Payable – Unsecured _____
 Banks _____
 Other _____
Trucks & Autos _____
Loans from Relatives and Others _____
Chattel Mortgages or Sales Liens _____
Unpaid Taxes _____
Real Estate Mortgages _____
Other Liabilities, specify _____
 _____ _____
TOTAL LIABILITIES \$ _____
NET WORTH (Assets - Liabilities)..... \$ _____
TOTAL \$ _____

*I will provide a detailed list of the above upon request.

List of Equipment Owned

Model	Serial Number	Model	Serial Number

Special Billing Instructions:

Purchase order required? If yes, written or verbal? _____
If verbal, Authorized Purchasers: _____

Contract Work in Progress (complete if applicable):

Name of Company	Address	Job Location	Contract \$ Balance

VESSELL INFORMATION: NAME _____ OWNER OF VESSEL _____
REGISTRATION # _____ HOME PORT _____ MORTGAGE HOLDER ON VESSEL _____