

OPEN ACCOUNT APPLICATION AND AGREEMENT

Stewart Equipment Co., Inc.

1400 Highway 17 North
New Bern, North Carolina 28560
Office: (252) 638-6021
Fax: (252) 638-4559

Instruction to Applicant:

Complete application in full. Failure to do so may cause delay of credit approval.

Legal Business Name _____

Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____

Telephone _____ Fax # _____

Are you Tax-Exempt? _____ (If yes, attach a copy of exemption certificate.)

Are POs required? _____

Company policy states that all rentals be charged a damage waiver of 10%. Is this acceptable to your company? _____ Yes _____ No **(If no, please attach or have your insurance company fax a copy of your Certificate of Insurance that meets our requirements as stated on page 3 of this application to 252-638-4559).**

Indicate name of person with your company we should contact concerning your account with us. _____ Phone (_____) _____

Type of Business _____ Date Began ____/____/____

Type: _____ Corporation _____ Partnership _____ Individual Ownership

If Partnership or Individual Ownership, please provide the names, addresses, and social security numbers of all persons who own any Interest in the business. (Attach a separate sheet if necessary)

Owner' Name _____ Social Security Number _____

Residence _____

Prior Address if less than 2 years at current address _____

Owner's Name _____ Social Security Number _____

Residence _____

Prior Address if less than 2 years at current address _____

If Corporation, please provide the names, address and titles of officers of the corporation. (Attach a separate sheet if necessary)

Name	Address	Title
_____	_____	_____
_____	_____	_____

Bank References:

Name _____ Telephone _____

Address _____

Credit References:

1. Name _____ Telephone _____
 Address _____ Fax _____

2. Name _____ Telephone _____
 Address _____ Fax _____

3. Name _____ Telephone _____
 Address _____ Fax _____

All Statements made are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

We understand your terms are **NET 30 DAYS!** 1.5 % service charge after each 30 day period for **PAST DUE INVOICES**, and agree to meet these terms if credit is extended. **Signature to be that of a Principle Officer of the Company or Owner.**

Thank you for your interest in establishing credit with Stewart Equipment Co., Inc.

Signed _____	Title _____	Date _____
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APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

Date Credit Extended _____	Signed _____
Reason Refused _____	

IF YOU PAY THE DAMAGE WAIVER CHARGE (DWC) AS SPECIFIED, SUBJECT TO THE LIMITATIONS AND EXCLUSIONS BELOW, LESSOR AGREES TO MODIFY THE TERMS OF THIS CONTRACT AND RELIEVE YOU OF LIABILITY FOR ACCIDENTAL DAMAGE TO THE RENTED ITEM (S) ON THIS CONTRACT, AND FOR LOSS DUE TO FIRE, COLLISION, WINDSTORM, UPSET AND RIOT. WE EXCLUDE FROM THIS WAIVER, HOWEVER, ANY LOSS OR DAMAGE DUE TO THEFT, BURGLARY, MISUSE OR ABUSE, THEFT BY CONVERSION, INTENTIONAL DAMAGE, MYSTERIOUS DISAPPERANCE OR OTHER LOSS DUE TO YOUR FAILURE TO CARE FOR THE RENTED ITEM (S) AS A PRUDENT MAN WOULD HIS OWN PROPERTY, SUCH AS PROPER LUBRICATION. IN ADDITION, IF THE ITEM (S) RENTED IS A TRUCK, YOU ARE NOT RELIEVED OF LIABILITY OF ACCIDENTAL DAMAGE TO THE TRUCK CONTAINER (BOX) CAUSED BY STRIKING A STATIONARY OBJECT. IF ANY SUCH LOSS TENDS TO INDICATE A CRIME MAY HAVE BEEN COMMITTED, A FUTHER CONDITION OF THIS WAIVER IS THAT YOU MUST FILE A REPORT TO THE PROPER LAW ENFORCEMENT AUTHORITIES AND FURNISH US WITH A COPY. IN ADDITION, IF YOU HAVE INSURANCE FOR THE LOSS OR DAMAGE, YOU SHALL EXERCISE, AND SHALL EMPOWER US TO EXERCISE, ALL YOUR RIGHTS TO OBTAIN RECOVERY UNDER INSURANCE, SHALL COOPERATE WITH LESSOR TO OBTAIN RECOVERY AND ALL INSURANCE PROCEED SHALL BE GIVEN OR ASSIGNED TO LESSOR.

**** IF DWC IS DECLINED THEN LESSEE MUST SHOW CERTIFICATE OF INSURANCE**