



Bingham Equipment Company
 Bingham Auto & Truck Parts
 Bobcat of Phoenix

(480) 969-5516
 (480) 969-0271 Fax

ACCOUNT CREDIT APPLICATION AND CONTRACT (Please Type or Print)

Store Location:	Date:
Acct No:	Credit Amt. Requested:

PERSONAL INFORMATION

APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NO.		DATE OF BIRTH	
RESIDENCE ADDRESS (STREET, CITY, STATE)		ZIP CODE	COUNTY	OWN OR RENT?	YRS AT THIS ADDRESS?
E-MAIL ADDRESS		RESIDENCE PHONE NO.		MOBILE PHONE NO.	
PRIOR ADDRESS (IF LESS THAN 3 YEARS)					YRS AT THIS ADDRESS?
EMPLOYER NAME		EMPLOYER ADDRESS			
EMPLOYER PHONE	POSITION	ANNUAL SALARY	LENGTH OF EMPLOYMENT		
PREVIOUS EMPLOYER (IF LESS THAN 3 YRS AT CURRENT EMPLOYER)		PREVIOUS EMPLOYER ADDRESS			
EMPLOYER PHONE	POSITION	ANNUAL SALARY	LENGTH OF EMPLOYMENT		
SPOUSE NAME		SPOUSE SOCIAL SECURITY NO.	SPOUSE DATE OF BIRTH		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS (STREET, CITY, STATE, ZIP)		PHONE	RELATIONSHIP	

BUSINESS INFORMATION

BUSINESS NAME	TYPE OF BUSINESS	YRS IN BUSINESS	FEDERAL TAX ID NO.
DBA NAME	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
BILLING ADDRESS (STREET, CITY, STATE)	ZIP CODE	BUSINESS PHONE NO.	COUNTY
SHIPPING ADDRESS (STREET, CITY, STATE)	ZIP CODE	BUSINESS FAX NO.	PURCHASE ORDER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL ADDRESS			

PRINCIPAL OWNERS, OFFICERS, PARTNERS, DIRECTORS, MEMBERS

	NAME	TITLE	% OWNERSHIP	SOCIAL SECURITY NO..
1	HOME ADDRESS (STREET, CITY, STATE, ZIP)			PHONE NO.
2	HOME ADDRESS (STREET, CITY, STATE, ZIP)			PHONE NO.

FINANCIAL INFORMATION

BANK OR FINANCE COMPANY NAME	CONTACT	ACCOUNT NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE NUMBER
1. HAVE YOU OR YOUR COMPANY EVER FILED BANKRUPTCY OR COMPROMISED A DEBT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. HAVE YOU OR YOUR COMPANY EVER HAD A LAWSUIT FILED AGAINST YOU?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3. DO YOU OR YOUR COMPANY HAVE ANY UNPAID TAX LIENS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. HAVE YOU OR YOUR COMPANY EVER HAD EQUIPMENT REPOSSESSED?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. HAVE YOU OR YOUR COMPANY EVER BEEN FORECLOSED ON OR HAD PROCEEDINGS STARTED AGAINST YOU?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6. ARE ANY OF YOUR ACCOUNTS WITH CREDITORS NOW PAST DUE?		<input type="checkbox"/> YES <input type="checkbox"/> NO

TERMS AND CONDITIONS

Applicant agrees to make payment in full of all debts incurred on or before the 10th of the following month from date of purchase. Applicant also agrees to pay a 1.75% per month carrying charge (21% per annum) on balances past due as well as all collection fees, attorney's fees and court costs incurred to collect past due accounts. All agents and employees of applicant are authorized to incur debt, and charge to Applicant's account for repair parts, service, rentals and purchases of any equipment. Applicant agrees to pay a \$20.00 charge for all checks returned by bank. Any form of payment may be recorded and implemented to keep account current.

The undersigned applicant(s) affirm that the foregoing information is true and correct and given for the purpose of obtaining credit and understand that if credit is extended, Bingham and its assigns, including Bingham Equipment Company, Bobcat of Phoenix, Bingham Auto & Truck Parts, AGCO Finance LLC, CNH Capital, GE Commercial Financial, Kubota Credit Corporation, Diversified Financial, Wells Fargo Equipment Leasing and Finance and AgDirect (CREDITORS), will rely on such information to secure the indebtedness. References are authorized to provide relevant credit information to CREDITORS. CREDITORS are authorized to investigate and obtain reports concerning credit history of the undersigned and to release information about their credit experience with the undersigned.

Applicant Signature _____	Title _____	Date _____
Applicant Signature _____	Title _____	Date _____

GUARANTOR CONTRACT

In consideration of extension of credit to the before named Applicant, I personally guarantee all debts incurred by the Applicant in accordance with all the terms and conditions set forth in this contract. Their terms may be rearranged, extended, shortened, and/or renewed without notice to me. I will, within five days from date of notice, pay the total amount due on Applicant's account.

1st Guarantor Signature _____ Social Security No. _____ Date _____

Printed Name _____ Residence Phone Number _____

2nd Guarantor Signature _____ Social Security No. _____ Date _____

Printed Name _____ Residence Phone Number _____

I also submit my VISA or MASTERCARD number with expiration date and agree to keep it current in the event it may be required to use for payment of my account.

1st Guarantor
VISA or MASTERCARD No. _____ Expiration Date _____

2nd Guarantor
VISA or MASTERCARD No. _____ Expiration Date _____

PRINCIPAL(S), PROPRIETOR(S) AND/OR GUARANTOR(S) AUTHORIZATION TO USE PERSONAL CREDIT REPORTS

The undersigned hereby consent(s) to CREDITORS' use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) CREDITORS' to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq..

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____