

Lube Equip, Inc.

PO Box 1140 ♦ 221 21st Street ♦ Ashland, KY 41105 ♦ (606) 329-8211 ♦ (606) 324-LUBE Fax

CONDITIONS OF EXTENDED CREDIT BY *Lube Equip, Inc.* (LEI)

1. Any foregoing provision in the acceptance by purchaser, whether verbal or written, which modifies or conflicts with the enclosed, shall be deemed to be waived and superseded by the conditions and provisions of these stated terms.
2. Title to merchandise remains with seller until invoices are paid in full.
3. ***All invoices are to be paid within 30 days from date of invoice.*** All orders subject to acceptance of Lube Equip, Inc. Terms and conditions are subject to change without notice. A Finance charge of 1 1/2% per month will be applied on all past due accounts. These accounts are subject to collection and/or attorney fees. Customer is responsible for all collections costs and/or attorney's fees (where allowable by law) in connection with ANY delinquent amount. By using a check for payment you agree to the following: In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law.
4. All returns must be authorized and accompanied by a copy of original invoice and shall be subject to inspection and a minimum of 15% restocking fee. Returns must be in like new condition in original packaging. Special Order Merchandise not eligible for return.
5. All discrepancies must be reported within 10 days. ***PROOF OF DELIVERY MUST BE REQUESTED WITHIN 30 DAYS OF INVOICE DATE OR CUSTOMER ASSUMES RESPONSIBILITY FOR INVOICE.***
6. Liability under any express or implied warranty is limited to the purchase price of any merchandise proved defective, or at LEI's option, to repair or replace such merchandise. This warranty is void for products disassembled or tampered with in any manner. The value of defective material is the limit of liability. We endorse the guarantees of the manufacturers: however, we cannot be responsible for their material not covered by the guarantee. In no event does liability hereunder include any incidental or consequential damages.
7. By signing or returning this application, I as the Authorizing agent herein and the Company request that you open an account in the name of the company, request that purchases be issued on that account as requested, agree to be liable for all charges to the account now or in the future, agree to be bound by the agreement governing the account. I understand that the agreement governing the account also provides, among other things, that the account terms, such as fees, are subject to change.
8. I understand that I must provide all the information requested in this application and I certify that such information is accurate. I authorize you to verify the information on this application and to receive and exchange information about me including requesting reports from consumer reporting agencies, other vendors and government agencies. If I ask whether or not a consumer report was requested, you will tell me, and if you received a report, you will give me the name and address of the agency that furnished it. I authorize you and your affiliates and subsidiaries to contact these sources for information at any time and to use any information obtained about me for administrative purposes.
9. I acknowledge that any benefit or service offered with LEI may be modified or terminated at any time.

Signature of Company's Authorized Agent

Title

_____/_____/_____
Date

PLEASE CONTINUE ON WITH APPLICATION

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Credit Application

Name of Firm or Individual: _____
Mailing Address: _____ Shipping Address: _____

NAME

Yrs at above address: _____ **Limit Requested: \$** _____ **PO's Required:** Y N
Phone: _____ Fax: _____ E-Mail: _____
Accounts Payable Contact : _____ Ext/Phone : _____
Purchasing Contact : _____ Ext/Phone : _____

CONTACT

Are Purchase to be for Resale: Y N Is this account to be tax exempt: Y N
County Jurisdiction of Shipping Address: _____ **FEIN #:** _____
Transit Jurisdiction of Shipping Address: _____
 Tax Exempt Direct Pay Government Sales Tax Exempt #: _____
A current tax exemption certificate must be on file to avoid sales tax charges.

SALES TAX

The following information must be provided. It will be held in the strictest of confidence.

Ownership: Corporation (Date Inc ___/___) Partnership Individual
Name(s) of Principal(s) Complete Address SS# Phone
1. _____
2. _____
3. _____

OWNERSHIP

Bank: _____ Address: _____
Bank Officer: _____ Phone: _____ Account: _____

BANK

TRADE REFERENCES:

Business Name	Address	Phone	Fax	Acct#
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Check here if cash sales are acceptable until processing of credit.

REFERENCES

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

SIGNATURE

Signed: _____ Title: _____ Date: ___/___/___

** DO NOT write below. Office use only. **

Approved: \$ _____
Denied: _____
Entered By: _____

Approved By: _____
Salesman: _____
Customer #: _____