## MID COAST ENGINE AND TRANSMISSION, INC



## 970 WAKEFIELD HOUSTON, TX 77018

(713) 674-9300 FAX: (713) 674-9301

## PLEASE RETURN PROMPTLY TO MID COAST ENGINE AND TRANSMISSION, INC

## **CONFIDENTIAL CREDIT APPLICATION**

Issued To: MID COAST ENGINE AND TRANSMISSION INC. (hereinafter referred to as "Creditor"). Creditor is authorized to investigate my/our worthiness and financial responsibility through credit reporting agencies and/or banks, as well as present and former creditors. I/we acknowledge the Creditor terms of sale to be "NET 10 DAYS". I/we agree to pay Creditor a "Finance Charge" of 1 1/2% per month (18%APR) on any balance over 30 days past due. I/we agree to pay Creditor all collection cost and attorney fees should Creditor deem it is necessary to place this account for collection.

Date:								
Business Name	<b>)</b> :							
Tax I.D. /S.S. #				)		Fax#	( )	
Billing Address:	Street							
-	City:			Sta	ite:	Zip: _		
Shipping Addre	ss: Street							
	City:			St	ate:	Zip:		
Nature of Busin								
Business Type:	□ L.L.C.	☐ Corp.	□ Partne	rship	□ LTD.	Partnership	□ Propri	etorship
If incorporated,	a bonafide cor	poration in	the state of:			Date Inc.: _		
How long in bus	siness?		How long at th	is locatio	n?		Own or Re	nt?
List any other b	illing instructio	ns, includin	g need of extra	copies of	f invoices.			
Do you require	a P.O. #? □ \	 ∕ES □ N(	) Estima	ate Credit	you woul	Id require \$		
Will your purcha	ase be Taxable	∍? □ YES	□ NO	If you are	e not subj	ect to taxes M	id Coast En	gine &
Transmission, I	nc. must have	proof of sar	me on file at ou	r office be	efore Mid	Coast Engine	& Transmis	sion, Inc. can
exempt you fror	n sales tax.							
Please attach e	xemption certi	ficate(s).						
			Principal(s), Ow	vner(s), or S	stockholder(s	s)		
Name				Nam	ne			
Address								
City		State	Zip	City			_ State	Zip
Name				Nam	ne			
Address								
City				Citv			State	Zip
I/we			·	-				•

# MID COAST ENGINE AND TRANSMISSION, INC



(Signature)

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Address:	sion, Inc. Name of your BANK: City	State Zip	
Phone: ( )	Account #	Contact Person:	
name? □ YES □ NO	` '	h creditors either in this name or another bus	
	another company, please list the comple	ete name, address and phone number of related c Phone: ( )	ompany
City:	State:	Zip:	
, , , , , ,	If yes please list; Bankrup	either personally or under another business name otcy Date:	7
Name:	Type of bu	siness:	
	TRADE/CREDIT REFI Please include complete address (Please include your current parts/se	s & phone number rvice repair company)	
		Phone: ( )	
Address:	City	State Zip	
2. Company:		Phone: ( )	
Address:	City	StateZip	
3. Company:		Phone: ( )	
Address:	City	State Zip	
4. Company:		Phone: ( )	
		StateZip	
		Phone: ( )	

## MID COAST ENGINE AND TRANSMISSION, INC



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I understand that the above information is given for the purpose of obtaining credit, and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date on this application.

	(NAME OF APPLYING COMPANY)				
By:					
•	(SIGNATURE)				
Name:					
	(PRINTED)				
Title:	Date:				
(Signature is required before credit can be approved)					

In consideration of Creditor extending at my/our request credit to the applying company (hereinafter to as the "Company"), I/we hereby personally guarantee to Creditor the payment at 7214 CLINTON, HOUSTON, TX 77020 of any obligation of the Company and I/we hereby agree to bind ourselves to pay Creditor on demand any sum including interest, "finance charges" and attorney fees, which may become due to Creditor by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/we hereby waive notice of default, nonpayment and notice thereof.