Phone: 412-829-2120

Fax: 412-829-7286

ORESCO EQUIPMENT COMPANY

CREDIT APPLICATION

Attn: Accounts Payable

When applying for a charge account with Zoresco Equipment Company, please complete the attached credit application and banking reference release form. Processing of your application will take at least seven [7] business days. If we do not receive the complete information that we are requesting, there may be a delay in processing your application. The application must also be signed before we will begin the credit research. You will be notified in writing on the status of your account. **UNTIL CREDIT IS APPROVED, ALL TRANSACTIONS ARE C.O.D.**

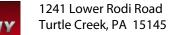
If you are tax exempt, please send a valid tax exemption certificate along with this credit application. We need this on file before we will be permitted to deduct tax. Be sure the form is filled out completely with signature, dated and exemption numbers.

Please fax the completed forms with all necessary signatures to the corporate office at 412-829-7286 or email to acctg@zoresco.com.

Thank you for your interest in Zoresco Equipment Company. We look forward to dealing with you in the near future.

Sincerely,

Zoresco Equipment Company



Phone: 412-829-2120 Fax: 412-829-7286

CREDIT APPLICATION

For Office Use Only

Requested By:

Credit Limit:

ACCOUNT INFORMATION		
Business Name:		
Address:		
City:	State: Zip Code:	
Phone #: Fa.	ax #: Date Established:	
Type of Business:	Is Purchase Order Required:	▼
Credit Amount Requested:		
Dun & Bradstreet #:	EIN #:	
s your company tax exempt:	If so, please provide us with a valid tax exempt certificate.	
Accounts Payable Contact:	ontact: Purchasing Contact:	
FRADE REFERENCES		
Name:	Phone #:	
Address:	Fax #:	
Name:	Phone #:	
Address:	Fax #:	
Name:	Phone #:	
Address:	Fax #:	
BANK REFERENCES		
Name:	Acct. #:	
Address:	Phone #:	
am authorized to enter into this agreement on behacredit granted shall be paid promptly in accordance	t status with your firm, this credit application must be signed. I certify by my signature below to all of my company. Terms are Net 10 Days upon approved credit. I understand and agree that with terms and agreements, that the credit grantor may add one and one half percent (1-1/29) in the event of default to pay reasonable collection charges and/or attorney fees.	at any
Signature:	Date:	

Date:

Authorized By:

Status:

Date:



Phone: 412-829-2120

BANKING REFERENCE RELEASE

I hereby authoriz	re (Bank Name)	to release information on
accounts used by	/ (Company Name)	, pursuant to establishing a
line of credit with	n Zoresco Equipment Company.	
Company Name:		
Address:		
City:		
State:		
Zip Code:		
Date :		

Authorized Signature: