



ACCOUNT #	Submitted by Rep #
<small>Office Use Only</small>	<small>Office Use Only</small>

CORPORATE OFFICE: 601 E. GOWEN RD, BOISE, ID 83716
 PHONE: 208-376-8400 ~ FAX: 208-376-7409
 CreditApplications@wps-inc.com

CREDIT APPLICATION

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE #: _____ FAX #: _____

EMAIL _____ WEBSITE _____

Indicate Whether Corporation Partnership Proprietorship State of Incorporation _____

PRESIDENT / OWNER

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

V.P., SECRETARY, TREASURER, OR PARTNER

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Month and Year this business was started: MONTH _____ YEAR _____

How long have you / Partners / Corporate Officers owned this business? SINCE _____

FRANCHISE BRAND(S) SOLD: _____

PLEASE FURNISH COMPLETE NAMES, ADDRESSES, AND PHONE NUMBERS OF AT LEAST FOUR BUSINESSES WITH WHOM YOU DO BUSINESS ON CREDIT:

NAME	ADDRESS	PHONE NO.
_____	_____	()
_____	_____	()
_____	_____	()
_____	_____	()

I (we) hereby certify the statements in this application for open account credit are true and complete. I (we) agree to pay all bills when same become due or payable pursuant to the terms of sale. I (we) further agree to pay all carrying charges not to exceed 1 1/2% per month, on past due balance, if applicable, and all collection cost plus reasonable attorney's fees in the event action is commenced against the firm for non-payment. Further, I (we) personally guarantee and will be individually responsible for all debt incurred by the firm requesting credit herein and its representatives. I (we) grant security interest all inventory proceeds from inventory sold to us by Western Power Sports Inc., and it's divisions.

By signing this Credit Application electronically, I agree that my electronic signature is a legally binding equivalent to my handwritten signature. The electronic signature has the same validity and meaning as my hand signature. I will not, at anytime in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

DATE _____ COMPANY NAME _____

Type / Print Name _____ Signature _____

Type / Print Name _____ Signature _____