

MATERIAL HANDLING PRODUCTS CORP.

PARTS

RENTAL

SALES

SERVICE

6601 Joy Drive, East Syracuse, NY 13057
PO Box 4896, Syracuse, NY 13221
800-462-0660 or 315-437-2891
*****FAX: 315-437-1218 *****

11 Opus Blvd. Suite A, Rotterdam, NY 12306
PO Box 3454, Schenectady, NY 12303
800-634-9364 or 518-372-5631
FAX: 518-372-0342

****CREDIT APPLICATION****

MHP Corp. welcomes you as a valued customer. In order to expedite any orders you wish to place, we request that you, the Applicant, complete and sign this Credit Application and fax it to our Credit Department at 315-437-1218. If you have any questions about this application and our processing of it, or if we can be of any service to you, please call us at 315-437-2891. Our TERMS ARE NET 10!

COMPANY NAME: _____

TRADE NAME: _____

BILL TO ADDRESS: _____

SHIP TO (if different): _____

TELEPHONE: (____) _____ FAX#:(____) _____

PRINCIPAL LINE OF BUSINESS _____

BUSINESS TYPE: (____) Sole Proprietorship (____) Corporation (____) Partnership

DIVISION, SUBSIDIARY OR AFFILIATE OF: _____

ADDRESS: _____

DATE ESTABLISHED: _____ YEARS AT LOCATION: _____

CONTACT FOR PURCHASE ORDERS AND BILLING INQUIRES: _____

PHONE # with extension: _____

ACCOUNTS PAYABLE CONTACT: _____ EXTENSION _____

BANKING INFORMATION

BANK NAME: _____ Account Contact: _____

BRANCH ADDRESS _____

PHONE: (____) _____ FAX: (____) _____ ACCT#: _____

Credit line? Y - N Amount: _____ Secured? Y - N By: ()Inventory ()Assets ()A/R

PRESENT NET WORTH: _____ AS OF DATE: _____

ANNUAL SALES: _____

****TRADE REFERENCES****

Please provide complete addresses and fax number for 3 references

COMPANY NAME _____

ADDRESS _____

FAX#(____) _____ PHONE#(____) _____ CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

FAX#(____) _____ PHONE#(____) _____ CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

FAX#(____) _____ PHONE#(____) _____ CONTACT NAME _____

*****TERMS, UPON ACCEPTANCE OF APPLICATION, ARE NET 10 DAYS*****

The Applicant hereby authorizes MHP to contact any of the trade or bank references listed above, and further authorizes said references to disclose to MHP any credit-related information requested by MHP which is maintained by any such references on the Applicant. A copy of this Authorization and Acceptance shall be deemed sufficient evidence of such authorization.

The Applicant agrees to pay its account with MHP in accordance with MHP's terms as set out in its invoices and statements of account. In the event the Applicant fails to pay any sum when due, the Applicant agrees to pay a late charge of 1 1/2% per month on the outstanding past due balance until paid in full. In the event any invoice (or portion thereof) is referred to an attorney for collection, an additional charge of at least 1/3 of the then balance due shall be added to the balance due for reasonable attorney's fees and the costs incurred in connection therewith.

SIGNATURE OF OFFICER: _____ DATE: _____

PRINTED NAME OF SIGNATOR: _____ TITLE: _____