

Spartan Corporation Dealer Application
Phone # 781-829-8660 Fax # 781-829-8667

I/We hereby apply to Spartan Corporation (hereinafter "Vendor") to become an authorized dealer of Spartan Corp. The undersigned gives and grants Vendor permission to verify all information stated herein.

Company Information

All information will be for the exclusive use of the credit department and will remain confidential.

Company Name _____ DBA _____

Email Address _____

Ownership: Sole Proprietorship Partnership Corporation Other _____

At present location since _____ Year Established _____ Tax Id # _____

Description of Business _____ State resell # _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Financial Contact in firm: _____ Phone: _____

Principals of Company

Name: _____ Title: _____ SS# _____

Home Add: _____ City: _____ State: _____ Zip _____

Name: _____ Title: _____ SS# _____

Home Add: _____ City: _____ State: _____ Zip _____

Trade References

1. Company Name: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

2. Company Name: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

3. Company Name: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Default Agreement

Should the undersigned default on any obligation incurred under this agreement and the Vendor refers this account to his attorney or collection agency for collection and/or legal action, the undersigned agrees as follows: to pay all actual attorney fees and costs of any nature incurred by the Vendor to pursue any delinquent obligation. Attorney fees shall be the equivalent to 25% of the principle amount due. In the event of a dispute or litigation between the parties, it is hereby agreed that jurisdiction and venue shall vest in Plymouth County, Massachusetts. All other venues and choices of forum are hereby expressly waived. The above court shall retain both in rem and in personam jurisdiction over both the person and property of the undersigned. The undersigned further agrees to pay collection costs in the amount of 25% of the principle amount and said amount shall be added to the principle amount due.

Signed By: _____ Print Name: _____

Title: _____ Date: _____

Personal Guarantee

The undersigned agrees to act as a personal guarantee for all debts incurred both now and in the future by the company, Organization, Persons, or Corporations who have signed this credit application and have been extended credit both now and in the future. Guarantor recognizes, understands, and agrees that this guarantee cannot be revoked or rescinded if any principle balance remains outstanding

Guarantor _____ Print Name: _____ Date: _____

Sales and Use Tax Certificate of Exemption

The undersigned hereby certifies that he is principally engaged in the business of selling _____

The undersigned also certifies that the tangible personal property described as follows: _____

Which he shall purchase from **Spartan Corporation**, whose headquarters are located at 190 Rockland Street, **Hanover, MA 02339**, will be for the purpose indicated below:

____ Resale in its present form

____ Resale as converted into or as a component of a product produced by the undersigned

The undersigned certifies that he will accrue and pay any applicable use tax on personal property obtained under this certificate and to the best my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the aforementioned state.

Purchaser's Firm Name: _____

Certificate Registration Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____ Title: _____ Date: _____

Authorization to Release Credit Information

To Financial Institution:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Attention Bookkeeping Dept./Loan Dept.

Our company, _____, hereby authorizes the above named financial institution to release credit information on the account/accounts listed herein to Spartan Corporation. Please provide them with complete information and send it back directly to them to expedite our request for credit.

I/We understand that this information will be kept in the strictest confidence between your organization and Spartan Corporation.

Checking Acct. No. _____

Savings Acct. No. _____

Loan Acct No. _____

Authorized Signature _____ Title: _____ Date: _____

Place Voided Check Here.

Place Resale Certificate Here.