

BAB STEERING HYDRAULICS, INC.
14554 Whittram Ave.
Fontana, CA 92335
(909) 355-6704 (909) 355-6705 (888) 783-1977 Fax: (909) 355-1621

Name of Person Completing Application: _____ Title _____

Who may we contact for questions regarding payment?

Name: _____ Position: _____

Who is responsible for authorizing payment?

Name: _____ Position: _____

Do you require Purchase Order Numbers? Yes ____ No ____

BAB Sales Rep: _____

Sales # _____ Distributor Price Level _____ Credit Amt Requested \$ _____

Company E-mail address: _____

Return all pages to:

BAB Steering Hydraulics, Inc.

Attn: Penny Carlson

14554 Whittram Ave.

Fontana, CA 92335

or Fax (909) 355-1621

All information provided will be kept strictly confidential. Sales Representatives cannot complete or sign these forms. All forms must be signed by an authorized representative of the applicant. Please answer all questions. When a question does not apply please write NIA'. Incomplete forms will delay processing.

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CREDIT DATA

Company Name: _____

Phone: _____ Fax: _____ Contact: _____

Billing Address: _____ City _____ State ____ Zip _____

Shipping Address: _____ City _____ State ____ Zip _____

Type of Business: _____

Date Established _____ Resale Number _____

Are you Tax Exempt: ____ Yes ____ No

Bank _____

Phone _____ Fax _____ Contact _____

MAJOR TRADE REFERENCES

Please supply FAX numbers as reference will not supply credit information over the phone

Company Name: _____ Account #: _____

Phone: _____ Fax: _____ Contact: _____

Company Name: _____ Account #: _____

Phone: _____ Fax: _____ Contact: _____

Company Name: _____ Account #: _____

Phone: _____ Fax: _____ Contact: _____

What is your projected three year sales forecast for the BAB Steering product line?
Year One _____ Year Two _____ Year Three _____

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Business Ownership Information

Please check one below:

Sole Proprietorship: _____

Division of: _____

Partnership: _____

Incorporated: _____

BAB Contacts in your Company:

Purchasing Agent: _____ Phone Number: _____ Fax Number: _____

Accountant: _____ Phone Number: _____ Fax Number: _____

Other: _____ Phone Number: _____ Fax Number: _____

BAB STEERING CREDIT TERMS

1. Terms NET 30 days.
2. Unpaid accounts over 45 days are subject to shipment hold.
3. Accounts with an outstanding balance beyond the end of the month will be subject to a service charge of 1 ½ % per month. Finance charges must be paid within terms to maintain an open account status. Accounts that fail or refuse to pay finance charges will be subject to a 5% price increase across the board. Account may be put on permanent COD or closed at BAB' s discretion.
4. No core credit will be issued on past due accounts.
5. Credit may not be taken if not listed on the monthly statement.
6. All credits are issued in the form of a product credit. **NO CASH REFUNDS.**
7. Core credits will be issued in the same month in which the cores are returned providing they are received prior to the 25th of the month. **CORE CREDIT MAY ONLY BE DEDUCTED FROM THE STATEMENT WHEN THE CREDIT IS POSTED ON THE STATEMENT BY BAB STEERING. CORE CREDITS MAY BE USED FOR IN VOICES IN THE SAME MONTH CORES ARE CREDITED OR USED FOR FUTURE PURCHASES. CREDITS MAY NOT BE USED TOWARDS PREVIOUS PURCHASES.**
8. After 30 days any remaining credits unapplied will be applied to your account at BAB's discretion.
9. In the event your account become uncollectible, you will be liable to pay all collection fees, attorney fees and court cost including cost incurred in enforcing collection of your account. If litigation should become necessary to enforce collection of your account, jurisdiction and venue shall be in the county of San Bernardino.

The above information as well as that given in the previous pages is for the purpose of obtaining credit and is warranted to be true I/We hereby authorize BAB Steering to investigate the references listed pertaining to my/our credit and financial responsibility.

ACKNOWLEDGMENT OF RECEIPT

Company Name: _____ Date: _____

Address: _____ Phone Number: _____

Signature: _____ Printed Name: _____

Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the above terms.

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I HEREBY CERTIFY,

That I hold valid sellers permit No. _____

issued in pursuant to the Sales and Use Tax Law: that I am engaging in business of selling

That the tangible personal property described herein which I shall purchase from:
BAB STEERING HYDRAULICS, INC.

Will be resold by me in the form of tangible personal property. PROVIDED, however, in the event any of such property is used for any purpose other than retention, demonstration, of display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report any pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: _____

Date _____ Signature _____

At _____ By and Title _____

Phone _____ Address _____

PLEASE FAX TO (909) 355-1621
OR YOU MAY MAIL YOUR RESALE CERTIFICATE TO:
THE ABOVE ADDRESS