



CREDIT APPLICATION

PLEASE RETURN PROMPTLY TO:

10540 N STEMMONS FREEWAY, DALLAS, TEXAS 75220

E: Customer.Maintenance@briggsequipment.com

TEL: 1-800-606-1833

PAGE 1 OF 2

COMPANY NAME _____

DATE _____

PHYSICAL ADDRESS _____

SHIPPING ADDRESS _____

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

NUMBER OF YEARS IN BUSINESS _____

DIVISION OR BRANCH OF (IF APPLICABLE) _____

BRIGGS BRANCH LOCATION _____

HAS BANKRUPTCY BEEN FILED WITHIN THE LAST 7 YEARS?

BRANCH PHONE NUMBER _____

☐ YES ☐ NO IF YES, WHEN _____

NOTE: PLEASE SUBMIT RESALE OR EXEMPTION CERTIFICATES WITH THIS APPLICATION OR SEND THE RESALE OR EXEMPTION CERTIFICATE YOU USE

FEDERAL ID NO. _____

DUNS# _____

☐ CORPORATION STATE _____ ☐ PARTNERSHIP _____

PROPRIETORSHIP _____

OFFICERS OR PRINCIPALS IN THE BUSINESS:

Name _____
Title _____
Residence - Address _____

Name _____
Title _____
Residence - Address _____

NOTE: I agree that all payments are to be made to Briggs Equipment at P.O. Box 841272 Dallas, in Dallas County, TX 75284-1272. I understand that terms are **NET THIRTY DAYS**. I agree to have my credit information released to Briggs Equipment.

TAXES: Briggs Equipment will accept a valid Exemption Certificate. However, if an Exemption Certificate previously accepted is not recognized by the taxing authority and Briggs Equipment is required to pay the tax, you agree to reimburse promptly to Briggs Equipment for the taxes paid. Such taxes will be billed separately to you. I agree that interest may be charged and must be paid from maturity on all obligations at the maximum rate allowed by law. I further agree that the undersigned will pay an additional amount for attorney's fees if this account is placed for collection with an attorney representing Briggs Equipment. In the event Briggs Equipment files suit, I agree that venue and jurisdiction are proper in a court located in Dallas County, Texas. This is a knowing **WAIVER** of any rights I or my company have to object to jurisdiction or venue.

*** NOTE: SIGNATURE IS REQUIRED BEFORE APPLICATION and CREDIT (TERMS) CAN BE APPROVED.***

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

PRINTED NAME AND TITLE _____

PRINTED NAME AND TITLE _____ DATE _____

THE 'GUARANTY AGREEMENT' BELOW MUST BE COMPLETED IF YOUR BUSINESS HAS BEEN ESTABLISHED FOR LESS THAN TWO (2) YEARS.

In order to induce Briggs Equipment to extend credit _____ hereinafter called Principal Debtor, and in consideration of such credit extension, the undersigned guarantor(s) does (do) hereby guarantee the prompt payment of all indebtedness of the said Principal Debtor to Briggs Equipment. This is a continuing guaranty and cannot be canceled except by written notice to Briggs Equipment at P.O. Box 841272, Dallas, TX 75284-1272. In the event of such cancellation, it is expressly understood that the undersigned will be responsible for all accounts owed by the said Principal Debtor except those accounts arising after the actual receipt by Briggs Equipment of such cancellation.

The undersigned further waives any right to require Briggs Equipment to proceed against the Principal Debtor before proceeding against the undersigned, and further waives notice of default of the Principal Debtor, and agrees that this guaranty will be enforced without proceeding in any manner against the Principal Debtor. This is an unlimited guaranty. The undersigned agree(s) to pay in addition to the principal amount owed, interest at the maximum rate allowed by law, and in the event that this guaranty is turned over to attorneys for Briggs Equipment for collection, reasonable attorney's fees. I further agree that jurisdiction and venue are proper in any Dallas County Court in the event suit is brought on this Guaranty Agreement. This is a knowing **WAIVER** of any possible right to object to such jurisdiction or venue.

1ST PERSON

SIGNATURE _____

RESIDENCE - ADDRESS _____

DATE _____

CITY _____ STATE _____ ZIP CODE _____

DRIVERS LICENSE # _____ STATE ISSUED _____

2ND PERSON

SIGNATURE _____

RESIDENCE - ADDRESS _____

DATE _____

CITY _____ STATE _____ ZIP CODE _____

DRIVERS LICENSE # _____ STATE ISSUED _____



INDUSTRIAL SOLUTIONS



CREDIT APPLICATION

PAGE 2 OF 2

ATTACH CREDIT REFERENCE SHEET IF AVAILABLE OR LIST BELOW

1. _____
COMPANY

ADDRESS AND TELEPHONE # _____

2. _____
COMPANY

ADDRESS AND TELEPHONE # _____

3. _____
COMPANY

ADDRESS AND TELEPHONE # _____

BANK _____

ADDRESS AND TELEPHONE # _____

BANK OFFICER _____

ACCOUNT NUMBER _____

PLEASE COMPLETE THE BELOW SECTION. APPLICATION WILL NOT BE PROCESSED IF LEFT BLANK

P.O. Required? Yes ☐ No ☐

A.P. Contact:

Billing Options:

Name:

Email:

Email:

Phone:

PLEASE DO NOT WRITE IN THIS BOX (OFFICE USE ONLY)

Briggs Account Manager:

Type of Sale (check all that apply):

Rental ☐ Service ☐ Parts ☐ Equipment ☐

Percent Off Door:

Labor Rate:

Certificate of Insurance Required? Yes ☐ No ☐

Local or National Rate? Local ☐ National ☐

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

PRINTED NAME AND TITLE _____

PRINTED NAME AND TITLE _____ DATE _____

APPROVED BY _____
BRIGGS EQUIPMENT EMPLOYEE

DATE _____

DISAPPROVED BY _____

D & B RATING _____

SUBMITTED BY _____

SIC CODE _____

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