Provided	bv	

POWER PRODUCTS SYSTEMS, LLC

DBA's: Power Products, New England Detroit Diesel-Allison and Carrier Transicold of Boston, Carrier Transicold of Maine, Carrier Transicold of RI

90 BAY STATE ROAD, WAKEFIELD MA. 01880

PHONE (Power) 781-246-1811 (NEDDA) 781-246-1810 (Carrier) 781-246-1400

Please mail completed application with original signature. This is required due to bank regulations. DO NOT FAX BUSINESS INFORMATION (MUST BE COMPLETED IN FULL **TYPED OR PRINTED** MUST BE LEGIBLE)

NAM	E OF COMPANY					
	ET ADDRESS					
CITY			_ STATE		ZIP	
					NATURE OF BUSINESS	
			ATION PARTNERSH			
ANNU	UAL SALES \$	A0	CCOUNTS	PAYABLE MANA	AGER	
۸۵۵۵	DUNTS PAYABLE E- M	All ADDDESS				
PRIN	CIPALS or OFFICERS					
	NAME	TITLE		RESIDENCE		SOCIAL SECURITY #
CRED	DIT AMOUNT REQUEST	TED: \$	OP	ERATING BUSIN	ESS SINCE: Mon	nth Year
	WRITTEN PO REC	QUIRED	VERBAL I	PO# ONLY	NO PO REQ	QUIRED
BUSI	NESS REFERENCES					
		erences that have issued st. MUST be on this for	•			where you have purchased orm must be filled out.
1	NAME			STREET	FA	X
	CITY		STATE	ZIP	PHONE	
2.	NAME			STREET	FA	X
3.	NAME			STREET	FA	X
	CITY		STATE	ZIP	PHONE	
BANI	X REFERENCES (must					
	NAME			STREET	FA	AX
	CITY		STATE	ZIP	PHONE	No ('C , 1 , 1 , 1 , 1)
	BANK ACCOUNT #			TAX EXEMPT	STATUS: YES or	NO (if yes, attach certificate)
	RAL TERMS AND CONI					OF INVOICE)
	ll past due accounts are subj					
	hould an account be placed f hest interest rate allowed by				on cost allowed by la	w. Purchaser also agrees to pay
					ne customer agrees to	o pay for attorney's fees together
	oplicable costs.	TC d :				
	ersonal Guarantee: nent as an officer or not, do h					eation, whether executing this te of application.
5. P	OWER PRODUCTS SYSTE					ferences given here at any time
	our relationship. eneral and Sub Contractors v	vill be required to provide	a conv of the	a "Ganaral Contractor	e's Payment Rand" o	an all bonded jobs
						nount of items purchased, or may
require	advance payment in the eve	nt outstanding purchases e	exceed the an	nount established for	this account.	
	I HA	VE READ THE ABO	VE AND A	AGREE TO THES	E TERMS STAT	ED
DATE	E SIGNAT	URE				
~111L	DIONAL	As individual, corp	orate office	r or owner	Print	name and title