

**FIVE STAR EQUIPMENT, INC.**  
**Credit Application - Commercial**



**P.O. BOX 176, 1300 DUNHAM DRIVE, DUNMORE, PA 18512**

For questions regarding credit applications: (570)346-1701 ext. 105

Credit applications can be faxed to (570)796-0088 or emailed to: AR@fivestarequipment.com

Date \_\_\_\_\_

Business Name \_\_\_\_\_ D/B/A \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Date Established \_\_\_\_\_ Type of Business \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For Past \_\_\_\_\_ years County \_\_\_\_\_

Former Business Address (if applicable) \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

No. of Employees \_\_\_\_\_ Est. Annual sales \_\_\_\_\_ Sales Area \_\_\_\_\_

**OWNERSHIP:** Sole Proprietorship  Partnership  Corporation  LLC

**PRINCIPAL:** \_\_\_\_\_  
(NAME) (Title)

**PRINCIPAL:** \_\_\_\_\_  
(NAME) (Title)

**PRINCIPAL:** \_\_\_\_\_  
(NAME) (Title)

**Accounting**

Who should be contacted regarding payment on this account? \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Does this person have the authority to release payments and draft checks? Yes  No

If not, who authorizes payments? \_\_\_\_\_ Are Purchase orders required? Yes  No

Would you like to enroll in Paperless Billing (emailed invoices & statements)? Yes  No

Would you like to enroll in Auto-Pay? Yes  No  (If Yes, complete enclosed Enrollment Form.)

Do you have ability to make payment via ACH? Yes  No  (If Yes, and you require a specific form, please provide it.)

Are you Sales Tax Exempt? Yes  No  (If Yes, enclose Tax Exemption Certificate. Otherwise, tax will be added.)

**TRADE REFERENCES:**

NAME	CITY & STATE	PHONE#	FAX# OR EMAIL **REQUIRED**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BANK REFERENCE:**

\_\_\_\_\_  
(Name)                                  (Address)                                  (Acct #)                                  (Contact)

**Credit Application**

Has the firm or any of its principals ever been Bankrupt?                                  Yes                                  No

If Yes, explain \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (NET 30) and agrees to pay a service charge per month of 1.5% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Print Name)                                  (Title)                                  (Signature)

**Personal Guarantee**

In consideration for Five Star Equipment extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Five Star Equipment by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Five Star Equipment and the business. Five Star Equipment shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Five Star Equipment.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Five Star Equipment. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date \_\_\_\_\_ Name: \_\_\_\_\_  
(Name of person guaranteeing payment, **NO TITLE**)

Home address \_\_\_\_\_

Home Phone # \_\_\_\_\_ SS# \_\_\_\_\_

Signature of person guaranteeing payment \_\_\_\_\_

Name of Business whose account is guaranteed \_\_\_\_\_

# FIVE STAR EQUIPMENT'S AUTO-PAY PROGRAM

## *THE EASIEST WAY TO PAY YOUR BILL*

Our auto-payment program saves you time and avoids missed payments. We've created this optional program as a result of multiple requests from our valued customers. **Simple and easy - no websites, logins, or passwords to keep track of!**

## HOW IT WORKS

Each month, your statement balance will be paid in full via your designated funding source. Funding options:

- ACH direct from checking account
- Credit or debit card: Mastercard, Visa, American Express, or Discover

This payment will be run on or after the 7<sup>th</sup> of each month, depending on weekends and holidays. The week prior to the payment, you will receive an email with your statement attached. This is both your reminder and a notification of total to be charged. On the 7<sup>th</sup>, you will receive an email confirming payment was processed.

## FAQ's

**Is there a fee for this program?** No fees. The program may actually help you avoid fees (finance charges) related to missed payments!

**What if I need to change my funding information?** If you need to make a change to your funding information or un-enroll from this program, just contact our office.

**What if there is an issue with a particular charge or invoice?** Simply contact us before funding day (7<sup>th</sup>) and we can hold off on the charge or exclude that invoice amount until the issue is resolved.

**What if you would like to designate a different funding day than the 7<sup>th</sup>?** Contact our office and let us know and we will do our best to accommodate your request. In most cases, this should not be an issue.

## HOW TO ENROLL

It's easy to enroll. Just complete the enclosed one-page authorization form and return to our accounting office. We will call to confirm details upon receipt, and then, we handle it all so your future payments are worry-free!

***Return completed form any of these 3 ways:***

**Mail to –** Five Star Equipment Inc  
PO Box 176  
Dunmore, PA 18512

**Email to –** AR@fivestarequipment.com

**Fax to –** 570.796.0088



# Auto-Pay Enrollment and Authorization Form

## General Agreement

This agreement and following sections outline responsibilities of Five Star Equipment Inc ("Five Star") and you ("Customer") which are in effect upon your enrollment. This is an auto-payment program wherein Five Star will charge an amount equal to your statement balance via the selected option below (ACH or card).

Five Star will make the charge to settle the account on or after the 7<sup>th</sup> of each month ("the billing date"). Five Star will send your month-end statement to designate e-mail address at least five (5) days prior to the date of the charge. This statement serves as your reminder and notification of the impending charge.

Customer should ensure the provided email address is correct and up to date. Be sure to whitelist the @fivestarequipment.com and @fse-i.com domains with your email provider to ensure you receive them so that the email is not blocked or quarantined by your spam filter.

If there is an issue or problem with a particular invoice or invoice(s), where the Customer would like to delay payment until the issue is resolved, please communicate this to Five Star's Corporate Accounting Department before the 7<sup>th</sup> of the month. We can either (a) hold off on making the charge or (b) adjust the amount for you. Do not make the assumption that verbal communication about disputed bills with your local branch will result in your charge being stopped. Branch staff may be unaware that you are enrolled in the auto-pay program. Communicate directly with Corporate Accounting.

Your enrollment in this program is voluntary and can be terminated at any time. If you wish to cancel, notice should be sent via mail, email, fax, or phone to the contact listed below. It is your responsibility to be sure you receive confirmation that your request was received by Five Star. Cancellation must occur before the billing date to ensure that month's charge is not run.

ACH Option (auto-debit from checking account)

*\*Please enclose copy of voided check*

Routing Number

Account Number

Bank Name

I authorize the bank or financial organization designated, which I am an authorized signer for, to pay my monthly statement balance payable to Five Star. I authorize Five Star to initiate these transactions through ACH Debit on the designated account in the amount required to settle my total statement balance due to Five Star. The bank or other financial organization and Five Star will be fully protected in honoring these payments. This authorization will remain in full force and effect until notice from me canceling this payment authorization according to terms above. I understand that it is my responsibility to review any and all ACH activity on my account each month to verify each transaction is accurate and legitimate.

ACH payments returned by Five Star's bank will void payment. If the payment is returned because of non-sufficient funds (NSF) or any other reason, the customer will be charged for any fees assessed by Five Star's bank. Five Star is not responsible for any overdrafts, rejected transactions, or fees that may result from debits initiated under this authorization. *\*Debit Filter Advisory: Some commercial checking accounts utilize a debit filter to prevent unauthorized payments. If your account has a debit filter, please contact your bank to add Five Star Equipment Inc as an authorized sender before submitting this enrollment form.*

Credit or Debit Card Option

I authorize Five Star Equipment Inc ("Five Star") to charge the credit card provided for my monthly statement balance. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the agreed-upon terms.

Card Number

Expiration (MM/YY)

CVV Code

Name on card

Billing Zip Code

Signature, Agreeing to All Terms Above

Printed Name