

FELLING TRAILERS INC.

Quality ~ Craftsmanship ~ Pride ~ Since 1974

APPLICATION PACKET
For
United States Applicants

Manufacturing & Sales of:

FELLING TRAILERS INC.

1525 Main Street South • Sauk Centre, Minnesota 56378 • Office (320) 352-5239 • Fax (320) 352-5230
1-800-245-2809 • www.felling.com • trailers@felling.com

Application (Pg 1 of 3)

Company Name: _____

Billing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Delivery Address: _____ County: _____

City: _____ State: _____ Zip: _____

Delivery Contact: _____ Phone Number: () _____

Federal ID#: _____ State ID#: _____

State Sales Tax#: _____ Federal Q#: _____

Phone Number: () _____ Toll Free Number: () _____

Fax Number: () _____ Dealer#: _____

Company Owner/President _____
(Circle One)

Years in Business: _____ Corp. _____ Partner _____ Sole _____

E-mail Address: _____

Website Address (if any): _____

State Issued License Number: _____

Do you require a purchase order number on all orders and/or correspondence: _____

Name of person handling Accounts Payable: _____ Email: _____

Please check the box(es) below that indicate which trailer model(s), the above stated company intends to solicit orders for, sell and/or stock.

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Construction Series | <input type="checkbox"/> Semi Series - Construction | <input type="checkbox"/> Semi Series - Commercial | <input type="checkbox"/> Public Utility Series | <input type="checkbox"/> HDG Series |
| <input type="checkbox"/> Drop-Deck Series | <input type="checkbox"/> MX Series | <input type="checkbox"/> OTR Series | <input type="checkbox"/> Pole Series | <input type="checkbox"/> X-Force Series |
| <input type="checkbox"/> Hydraulic Dump Series | <input type="checkbox"/> NN Series | <input type="checkbox"/> HX Series | <input type="checkbox"/> Reel Series | <input type="checkbox"/> X-Force Series - Accessories |
| <input type="checkbox"/> Deck-Over Series | <input type="checkbox"/> Rigid GN Semi Tilt Series (RGT) | <input type="checkbox"/> Slide Axle Tilt Series (TSA) | <input type="checkbox"/> Compact Loader Series | <input type="checkbox"/> X-Force HD Series |
| <input type="checkbox"/> Deck-over Tilt Series | <input type="checkbox"/> OEM Series - OEM | <input type="checkbox"/> Perimeter Frame Hyd. Tail (HT) | <input type="checkbox"/> Directional Drill Series | <input type="checkbox"/> X-Force HD Series - Accessories |
| <input type="checkbox"/> Deck-Over Air Tilt Series | <input type="checkbox"/> Generator/Compressor Series | | | <input type="checkbox"/> X-Force AG Series |
| | <input type="checkbox"/> Tender/Frame Series | | | <input type="checkbox"/> X-Force PVR Series
(Launch Date TBD) |

The information provided on this application is for the purpose of obtaining credit. The applicant does hereby authorize vendor to obtain necessary credit information at any time from any source on any and all of the parties listed. Applicant agrees to pay all invoices according to the terms stated. A 1.5% late fee per month will be charged on any amounts overdue, with a \$ 5.00 minimum. If the account is placed for collection, the applicant will be responsible for and remit all fees.

Signature

Title

Date

Internal Use Only: _____

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Application (Pg 2 of 3)

Be sure to include the Fax Number on your references. Most firms want to fax information to requesters.

Bank: _____
Address: _____
City: _____
State, Zip: _____
Account# _____
Phone #: _____
Fax#: _____
Contact: _____

Company: _____
Address: _____
City: _____
State, Zip: _____
Account# _____
Phone #: _____
Fax#: _____
Contact: _____

Company: _____
Address: _____
City: _____
State, Zip: _____
Account# _____
Phone #: _____
Fax#: _____
Contact: _____

Company: _____
Address: _____
City: _____
State, Zip: _____
Account# _____
Phone #: _____
Fax#: _____
Contact: _____

Company: _____
Address: _____
City: _____
State, Zip: _____
Account# _____
Phone #: _____
Fax#: _____
Contact: _____

Company: _____
Address: _____
City: _____
State, Zip: _____
Account# _____
Phone #: _____
Fax#: _____
Contact: _____

The information provided is for the purpose of obtaining credit. The applicant hereby authorizes the vendor to obtain the necessary credit information at any time from any source on any or all of the references listed.

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Application (Pg 3 of 3)

Reference Information Sheet

The information provided is for the purpose of obtaining credit. You are hereby authorized to release any and all information requested by FELLING TRAILERS, INC. of Sauk Centre, MN 56378. This release will remain in effect until cancelled in writing and signed by the President of FELLING TRAILERS, INC.

Company (Print)

Signature

Title

Date

Date the Account was opened: _____ Payment History: Excellent _____

Payment Terms: _____ Good _____

Highest Balance: _____ Fair _____

Amount Currently Owed: _____ Past Due Amount: _____

Always Claims Discounts: _____
(If Offered)

Does the customer comply with your terms of payment? _____

Have you had any NSF or returned checks? _____

Would you extend additional credit to the customer? _____

Comments: _____

Company Completing Form

Completed By: _____ Title: _____ Date: _____

Thank you for your assistance in completing this form. The information you provide will be kept in strict confidence.
Brenda Jennissen, CEO



EXEMPTION CERTIFICATE
(For Federal Excise Tax)

I hereby certify that I am _____ (Title) of
_____ (Name of Purchaser)

and that I am authorized to execute this certificate, and that

(NOTE: This Section MUST Be Filled In)

All orders placed by the purchaser for the period commencing (today's date) _____
and ending (today's date plus 3 years) _____ (period not to exceed 12 calendar
quarters), are purchased either for resale or for lease on a long-term basis.

I understand that the fraudulent use of this certificate to secure exemption will subject me and all parties making such fraudulent use to a fine of not more than \$10,000, or to imprisonment for no more than 5-years, or both, together with costs of prosecution.

It is the responsibility of the selling Company to collect the necessary Federal Excise Tax on those trailers that meet the requirements. This would be on any trailer that has a GVWR of 26,001 lbs. or more. This tax is remitted directly to the Federal Government and not sent to Felling Trailers, Inc.

By completing the acknowledgement below, you understand and agree to collect the Federal Excise Tax on those trailers that require it and will remit same to the proper government agency.

(Signature) _____

(Address) _____

(City, State, Zip) _____

(Date) _____

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MSO (MANUFACTURERS STATEMENT OF ORIGIN)

Felling Trailers' policy here by states;

Felling Trailers will release the trailer MSO (Manufacturers Statement of Origin) upon receipt of **full** payment of trailer.

By completing the acknowledgement below, you understand and agree to the above company policy.

Felling Trailers, Inc.'s MSO Acknowledgement:

(Company Name)

(Name - Print)

(Signature)

(Title)

(Date)