



The People-to-People Company

CREDIT APPLICATION AND CREDIT AGREEMENT
STANION WHOLESALE ELECTRIC CO., INC. AND
STANION WHOLESALE ELECTRIC CO., INC. OF WICHITA
(Collectively referred to as "Stanion")

Corporate office: 812 S. Main, PO Box F, Pratt, KS 67124 1-866-STANION (1-866-782-6466) or 620-672-5678

COMPANY INFORMATION

Business Name _____ Business Phone _____

Billing Address _____ Cell Phone _____

Physical Address _____ Fax _____

City _____ State _____ Zip _____

() Individually Owned () Limited Liability Company () Partnership

() Privately Owned Company () Publicly Traded Corporation

Names of Owners, Partners, or Corporate Officers: (Not necessary for National Companies, Schools, Govt. Agencies, Hospitals, Etc)

Table with 4 columns: Name, Title, Social Security #, Driver's License#. Includes three rows of blank lines for entry.

How long in business _____ Type of business _____ Duns # _____

To be completed by owners of privately owned corporations, limited liability companies, and partnerships.

GUARANTEE OF CREDIT

In consideration of Stanion extending commercial credit to the above-name business/customer (Customer,) _____, I/We hereby jointly and severally guarantee to Stanion the full and unconditional payment of every indebtedness and obligation owed to Stanion by Customer, according to the terms of this commercial credit agreement. This is a continuing guarantee applying to all existing and future indebtedness and obligations owed to Stanion. This guarantee shall not be affected by any extension of time, renewal, prior waiver of rights, change in form of indebtedness, or change in form or ownership of Customer. This guarantee of credit shall remain in effect until Stanion receives from Customer a written revocation delivered by registered mail. The guarantee is dated the ____ day of _____, ____.

*Personal Signature of Individual _____ Individual's Name (Print) _____ Address _____ City _____ State _____ SS # _____

*Personal Signature of Individual _____ Individual's Name (Print) _____ Address _____ City _____ State _____ SS # _____

*Signature should be in a individual capacity. Do not include business name, title, etc.

MISCELLANEOUS INFORMATION

PO numbers required? Y N Additional Information _____

Please check how you would like to receive your invoices and statement. () E-mail address _____ () Fax # _____ () US Mail

A/P Contact _____ A/P Phone # _____

Please check the appropriate statement:

() All purchases from Stanion by the business/customer herein applying are subject to sales and /or use tax for the State in which the applicant is picking up material or receiving shipments of material.

() All purchases from Stanion by the business/customer herein applying are exempt from sales or use tax. Please attach your valid exemption certificate to establish exemption from sales and use tax.

**SALES TAX WILL BE CHARGED UNLESS THE EXEMPTION CERTIFICATE IS FULLY COMPLETED AND SIGNED, SHOWING EXEMPTION FOR ALL STATES WHERE THE APPLICANT PICK UP MATERIAL OR RECEIVES SHIPMENT DELIVERY FROM STANION.

AGREEMENT TO CREDIT TERMS

_____, (Customer agrees to pay to Stanion all indebtedness and obligations owed to Stanion according to the terms and conditions of sale under the commercial business credit extended by Stanion to Customer. Customer agrees to pay Stanion, in full on the date due, all such indebtedness and obligations. Customer agrees to pay service charges of one and one half percent (1.5%) per month on any amount not paid when due, until paid in full. In the event Customer defaults in payment of said indebtedness or obligations, customer agrees to pay reasonable collection charges and attorney's fee incurred by Stanion in collection thereof. Customer authorizes the credit and trade references provided herein to release credit and financial information to Stanion. This Application and Agreement is executed by an owner, partner, officer, or agent of Customer, authorized to enter into credit agreements on behalf of Customer.

Authorized Signature, Title, and Date _____

TRADE REFERENCES

Name _____ Phone # _____ Fax # _____ How Long _____

Name _____ Phone # _____ Fax # _____ How Long _____

Name _____ Phone # _____ Fax # _____ How Long _____

BANKING INFORMATION

Name of Bank _____ Acct # _____ Phone # _____

Name of bank officer to contact _____ How long have you done business there? _____

CONTACT US

If you have any questions on filling out this form, please don't hesitate to contact the Accounts Receivable Department at 1-866-782-6466 or via e-mail at ard@stanion.com.

SERVICE CENTER LOCATIONS

PRATT, KS 620-672-5678

LIBERAL, KS 620-624-5504

GARDEN CITY, KS 620-276-6891

DODGE CITY, KS 620-225-0556

GREAT BEND, KS 620-792-3206

OLATHE, KS 913-829-8111

HAYS, KS 785-628-8722

McPHERSON, KS 620-241-7906

LAWRENCE, KS 785-841-8420

WICHITA, KS 316-264-8414

MANHATTAN, KS 785-537-4600

SALINA, KS 785-823-2323

EMPORIA, KS 620-342-2305

KANSAS CITY, KS 913-342-1177

CHANUTE, KS 620-431-4750

HUTCHINSON, KS 620-664-6700