

**BAB STEERING HYDRAULICS, INC.**  
**14554 Whittram Ave.**  
**Fontana, CA 92335**  
**(909) 355-6704 (909) 355-6705 (888) 783-1977 Fax: (909) 355-1621**

Name of Person Completing Application: \_\_\_\_\_ Title \_\_\_\_\_

Who may we contact for questions regarding payment?

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Who is responsible for authorizing payment?

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Do you require Purchase Order Numbers? Yes \_\_\_\_ No \_\_\_\_

BAB Sales Rep: \_\_\_\_\_

Sales # \_\_\_\_\_ Distributor Price Level \_\_\_\_\_ Credit Amt Requested \$ \_\_\_\_\_

Company E-mail address: \_\_\_\_\_

**Return all pages to:**

**BAB Steering Hydraulics, Inc.**

**Attn: Penny Carlson**

**14554 Whittram Ave.**

**Fontana, CA 92335**

**or Fax (909) 355-1621**

All information provided will be kept strictly confidential. Sales Representatives cannot complete or sign these forms. All forms must be signed by an authorized representative of the applicant. Please answer all questions. When a question does not apply please write NIA'. Incomplete forms will delay processing.

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**CREDIT DATA**

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Established \_\_\_\_\_ Resale Number \_\_\_\_\_

Are you Tax Exempt: \_\_\_\_ Yes \_\_\_\_ No

Bank \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

**MAJOR TRADE REFERENCES**

**Please supply FAX numbers as reference will not supply credit information over the phone**

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

What is your projected three year sales forecast for the BAB Steering product line?  
Year One \_\_\_\_\_ Year Two \_\_\_\_\_ Year Three \_\_\_\_\_

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**Business Ownership Information**

Please check one below:

Sole Proprietorship: \_\_\_\_\_

Partnership: \_\_\_\_\_

Incorporated: \_\_\_\_\_

Division of: \_\_\_\_\_

\_\_\_\_\_

**BAB Contacts in your Company:**

Purchasing Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Other: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**BAB STEERING CREDIT TERMS**

1. Terms NET 30 days.
2. Unpaid accounts over 45 days are subject to shipment hold.
3. Accounts with an outstanding balance beyond the end of the month will be subject to a service charge of 1 ½ % per month. Finance charges must be paid within terms to maintain an open account status. Accounts that fail or refuse to pay finance charges will be subject to a 5% price increase across the board. Account may be put on permanent COD or closed at BAB' s discretion.
4. No core credit will be issued on past due accounts.
5. Credit may not be taken if not listed on the monthly statement.
6. All credits are issued in the form of a product credit. **NO CASH REFUNDS.**
7. Core credits will be issued in the same month in which the cores are returned providing they are received prior to the 25th of the month. **CORE CREDIT MAY ONLY BE DEDUCTED FROM THE STATEMENT WHEN THE CREDIT IS POSTED ON THE STATEMENT BY BAB STEERING. CORE CREDITS MAY BE USED FOR IN VOICES IN THE SAME MONTH CORES ARE CREDITED OR USED FOR FUTURE PURCHASES. CREDITS MAY NOT BE USED TOWARDS PREVIOUS PURCHASES.**
8. After 30 days any remaining credits unapplied will be applied to your account at BAB' s discretion.
9. In the event your account become uncollectible, you will be liable to pay all collection fees, attorney fees and court cost including cost incurred in enforcing collection of your account. If litigation should become necessary to enforce collection of your account, jurisdiction and venue shall be in the county of San Bernardino.

The above information as well as that given in the previous pages is for the purpose of obtaining credit and is warranted to be true I/We hereby authorize BAB Steering to investigate the references listed pertaining to my/our credit and financial responsibility.

**ACKNOWLEDMENT OF RECEIPT**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**BAB Steering Hydraulics, Inc.**

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Office: 909-355-6704  
Fax: 909-355-1621

Please complete this form and send it with a copy of your state certificate.

\_\_\_\_\_ Resale or tax exempt certificate  
State

Business Name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_

Permit/ Certificate number: \_\_\_\_\_

Type of tangible personal property sold through your business: \_\_\_\_\_

\_\_\_\_\_  
Description of property to be purchased for resale from BAB Steering Hydraulics, Inc.

\_\_\_\_\_  
Signature of purchaser, purchaser's employee or authorized representative.

\_\_\_\_\_  
Printed Name of person signing:

Title:

\_\_\_\_\_  
Date