

Welcome to Pipp Mobile Storage Systems

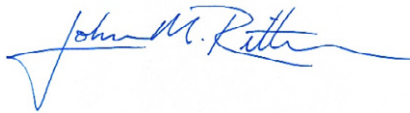
We are delighted to welcome you to Pipp Mobile Storage Systems, Inc. It is our pleasure to have you as part of our valued clientele. At Pipp, we pride ourselves on providing innovative storage solutions and exceptional service, ensuring that your needs are met with efficiency and professionalism.

Please complete the attached Customer Information Page to facilitate account set-up. All accounts are initially set up on a 100% prepayment basis until credit terms can be established. Should you want to be considered for terms, please fill out the Credit Application section of this packet. Send any sensitive financial documents directly to Jorge Rodriguez, our Credit & Collections Specialist, at jrodriguez@pippmobile.com.

As a first-time client, you can expect the highest level of commitment from our team. We are dedicated to delivering top-quality products and services that are tailored to your specific requirements. Our extensive range of mobile storage systems and IRSG products (carts, transporters, etc) are designed to optimize space, enhance organization, and facilitate ease of access, making your storage experience seamless and productive.

Please feel free to reach out to us with any questions or concerns you may have. We are always here to assist you and provide the resources you need to succeed. Thank you for choosing Pipp Mobile Storage Systems, Inc. We look forward to a long and prosperous partnership.

Best regards,



John M. Ritter
Vice President of Sales
Pipp Mobile Storage Systems, Inc.
(616) 988-4074

Customer Information

Account Manager: _____

Legal Entity Name: _____

Billing Name (if different): _____

Billing Address: _____

City, State, Zip: _____

Accounts Payable Contact: _____

Phone: _____

Email: _____

Email for Invoices (if different from AP email): _____

Tax Exempt?

_____ Yes (Please provide copies of certificates)

_____ No

Additional Information:

Credit Application

Line of Credit Requested: _____

Business Name: _____ Type of Business: _____

DBA: _____

Duns #: _____

Phone: _____ Fax: _____

Address: _____ For Past: _____ Years

City/State/Zip: _____

Accounts Payable Contact: _____ Email: _____

AP Phone: _____ AP Fax: _____

Federal Tax ID #: _____ How long in Business: _____

Tax Exempt: _____ Date Established: _____

If you are tax exempt, we must receive your state resale/exempt certificate or taxes will be assessed.

Mortgage Holder/Landlord: _____

Address: _____ Phone: _____

Does State, County, or City Require a License?: _____ License #: _____

Ownership: Sole Proprietorship Partnership Corporation

Principal: _____
(Name) (Title) (SS#)

Principal: _____
(Name) (Title) (SS#)

Principal: _____
(Name) (Title) (SS#)

Trade References

(Must include fax number and phone number)

Name: _____

Account #: _____

Address: _____

Fax Number: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Account #: _____

Address: _____

Fax Number: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Account #: _____

Address: _____

Fax Number: _____

City/State/Zip: _____

Phone Number: _____

Name: _____

Account #: _____

Address: _____

Fax Number: _____

City/State/Zip: _____

Phone Number: _____

Bank References

Name: _____ Account #: _____

Address: _____ Contact: _____

City/State/Zip: _____ Phone Number: _____

Name: _____ Account #: _____

Address: _____ Contact: _____

City/State/Zip: _____ Phone Number: _____

of Employees: _____ Est. Annual Sales: _____ Sales Area: _____

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

If Yes, Explain: _____

Any misrepresentation in this credit 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 1-1/2% 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 Date

Print Name Title Signature Date