



PH:312-738-3800 FAX:312-229-7558

Credit dept. use only

Approved _____
Date _____
Credit Limit _____
Agent code _____

CREDIT APPLICATION

Legal/Trade Name _____ Date _____

Shipping Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Billing Address _____

City _____ State _____ Zip _____

Type of Account: Corporation Partnership Proprietorship

Officers or Owners

If Branch, Indicate Parent Company

Years in Business _____ Accounts Payable Contact _____

Bank Reference _____ Bank Officer _____

Phone _____ Account No. _____

TRADE REFERENCES (PLEASE INCLUDE NAME, ADDRESS, PHONE, & FAX NUMBERS)

1. _____ 2. _____

() _____ () _____

3. _____ 4. _____

() _____ () _____

Information furnished by

To ensure your desired credit limit, please attach a copy of your current Financial Statement. (Financial information will be held in strict confidence.)



Credit Application

Buyer/Applicant _____

Dun & Bradstreet# _____

Buyer/Applicant authorizes Metraflex Company and it's representatives to inquire into Buyer/Applicant's credit history and to contact Buyer's /Applicant's references given, in addition to any other person, corporation or other entity, for the purpose of determining the credit worthiness of the Buyer/Applicant.

As a requirement of extending the credit privilege to Buyer/Applicant and in consideration for any extension of credit, Buyer/Applicant agrees to abide and be bound by Metraflex's "Terms & Condition of Sale" as shown at www.metraflex.com/terms and incorporated herein by reference, applicable to each and every transaction between Metraflex and the buyer/applicant regarding the Sales of Metraflex products. Buyer/applicant further agrees to execute from time to time any and all documentation reasonable requested by Metraflex to satisfy Metraflex that it's "Terms & Condition of Sale" shall be controlling.

All invoices are **DUE IN NET 30 DAYS**. Invoices **NOT** paid within 30 days are **PAST DUE**.

All invoices, which are not paid within **NET 30 DAYS**, will accumulate a Service Charge of 1 1/2% interest **PER MONTH**, commencing with the 31st day and continuing until the funds are received by Metraflex Company.

Should the customer be a corporation, the undersigned agrees that by execution hereof, he/she or they are authorized to commit the customer for the payment of all indebtedness or liabilities incurred pursuant to this agreement, demand for payment and notice of indebtedness and default are expressly waived.

Should it become necessary for Metraflex to retain an attorney to make demand upon or collect any past due invoices or statements, the customer agrees to pay all recording fees and court cost, incurring by Metraflex through all appeals, and bankruptcy proceedings, if any. Metraflex and the customer agree Metraflex shall choose the venue of any action brought to collect past due invoices or statements, or enforce any provision of this agreement.

Name (Please Print)

Signature

If your office is a branch or subsidiary, please list the Parent Company or Home Office:

Phone Number: () _____

All orders during this time will be handled on COD, Check in Advance, or Credit Card Basis.

Metraflex Salesperson: _____