

CREDIT APPLICATION

CUSTOMER INFORMATION

Name of Firm: _____

Phone/Fax: _____ / _____

Bill to Address: _____

Ship to Address: _____

City, State, Zip: _____

City, State, Zip: _____

FINANCE

Bank: _____

Contact: _____

Address: _____

Telephone: _____

Account No: _____

Fax: _____

REFERENCES (Please supply minimum of three)

D&B - Duns Number: _____

Business Name: _____

Contact: _____

Address: _____

Telephone: _____

City, State, Zip _____

Fax: **(REQUIRED)** _____

Business Name: _____

Contact: _____

Address: _____

Telephone: _____

City, State, Zip _____

Fax: **(REQUIRED)** _____

Business Name: _____

Contact: _____

Address: _____

Telephone: _____

City, State, Zip _____

Fax: **(REQUIRED)** _____

**** PAYMENT TERMS MUST BE AGREED TO and APPROVED PRIOR TO SHIPPING ****

Please Sign and Date Below

Clarification of Terms: (Our Standard Terms Policy is Net 30 Days, No Discounts) We extend credit to our customers as a courtesy and as a matter of convenience. Therefore we respectfully request payment of all outstanding invoices to be received on or before the due date posted on the invoice. Orders placed subsequent to your account reflecting a past due invoice, will automatically be flagged by our system and placed "On Hold". Orders are then held until such time that arrangements can be made to bring the account up to date and current.

Please Note: Orders below the amount of \$200.00 must be paid at the time of the order. For your convenience we offer Visa, Master Card, American Express and Discover credit cards as alternative methods of payment. Pre-paid wire transfer and C.O.D. are also offered, however both of these methods carry additional fees.

We reserve the right to review, modify or rescind terms and credit limits at any time and without notice.

Request for re-negotiation of terms may be submitted at any time. However, a new application must be signed and submitted and is subject to a new credit reports and approval from Capital Adhesives.

Acknowledgement and Acceptance of Terms

By signing below I am certifying that all the information on this form is correct.

- I am authorized to agree to the proper payment in consideration of extended credit.
- I am authorized to negotiate and accept terms on behalf of the company listed above. I am also authorized to commit our Accounts Payable department to the **timely mailing** of all payments to Capital Adhesives in order to meet those terms.
- I accept your Standard Terms of Net 30 Days and commit our Accounts Payable Department to entering Capital Adhesives as a **Net 30 Day pay account upon credit approval.**

Authorized Signature

Print Name (Please Print Clearly)

Title

Date

IMPORTANT: If you are not in full agreement with our standard terms, please disclose at this time. Proper terms need to be established at time of application. This helps to insure the timely shipment of all future orders.

Please Explain: _____