

Eagle Industrial Distribution

1000 Chestnut St SE, Gainesville, GA 30501 Phone: (770) 538 - 0200 Email:jennifer@eagleindustrialus.com

Application for Credit

This form is to be filled out by any and all new customers, signed by the responsible officer of that company, and returned to Apex Electric Supply Co. Inc., at the above address. Please be sure that you fully understand all of the information on this application, and that you are willing to comply with all of the terms contained herein. If you should have any questions with respect to this Application, please contact Apex Electric before completing this form.

Name of account:				
Principal/Principals of Company	:			
Phone:	Fax:	E-mail_		
Billing Address:				
Ship to Address (If Different):				
Tax Exempt (Yes) (No)				
If "Yes", a tax exemption c				
Federal I.D. number: In the control of the c	ncorporated or Li	imited Liability Co?	_	
Do you have a valid electrical contractor's license? Yes No				
Purchaser's activity				
Purchaser's activity	ablished?			
Estimated monthly volume				
Does your company use a purchase order system? Yes		No		
Preference mode for delivery of i	nvoices:			
E-mail		Fax:	Mail:	

Terms and Conditions

1.) <u>"Due Date"</u> The due date will be clearly marked on each invoice. **Unpaid balances not received by the due date stated on the invoice/invoices will incur Finance Charges** (See #3 below).

A Statement listing all open invoices will be sent at the end of each month.

- 2.) <u>"Discount-10th/Net-25th".</u> You may be eligible for a discount when applicable. If a discount is applicable your payment must be received by the 10th otherwise, the discount will not be applied. Discount amounts, when applicable, are indicated on each invoice.
- 3.) "Finance Charge" A finance charge of $1\frac{1}{2}$ % per month (18% per annum) will be assessed on any open balance after the due date.
- 4.) No cut pieces of wire will be accepted as a return for credit.
- 5.) Special order material is non-returnable.

Please note If there is a question about your bill, or you need additional information, our billing department should be notified immediately so that we can address your concerns promptly.

References

1.) Name:	2	2.)Name:		
Address:				
Tel: Fax	T	el:	Fax	
3.) Name:	4) Name:		
Address:		Address:		
Tel:Fax		Tel:	Fax	
I authorize the following person, or persons, to Authorized name(s) of person(s) signing invol				
Accounts Payable Individual:				
Name (Please Print)	Phone #		EXT #	
Address if different from business address				
I agree to be liable for any unpaid amounts of Apex to investigate my personal credit and fir may request my personal credit bureau repo extension of credit, review or collection of thi	nancial records, including mort in considering this app	y banking record	ds. I understand that Apex or its agent	
In consideration of Apex extending credit to payment of the debt, including any reasonable law and as incurred. In the event of any defathe applicant, until governing Agreement has the governing Agreement and this guarantee changed. I understand that any negative infreported to the appropriate reporting agency. By signing this you are agreeing to all the top	le attorney's fees, arbitratio ult, I agree that Apex can e been terminated and all ame I agree to guarantee paym formation including failure	n, and court of one of the court of one of the counts due have been if the t	other collection costs as permitted by antee without first proceeding against been paid. I waive all notice regarding terms of the governing agreement are	
Company Authorized Representative Signature	(Please Print)		Date	
Present Home Address:				
Home Tel. No.:	Date of Birth:		_	
Social Security No.:				
For Company Use:				
APPROVED BY APEX ELECTRIC SUPPLY	Y COMPANY, INC			
		zad Panragantat		