



FGM INDUSTRIAL APPLICATION FOR NET OPEN CREDIT TERMS

FGM accepts various forms of payments including Credit Cards, Corporate Purchasing Cards, Bank Transfers, Purchase Orders and Net Open Credit Terms...

Credit worthiness is based on many factors and the process is strictly confidential.

FGM Industrial and its affiliates reserve the right to approve, suspend or deny credit terms to any company, at any time, as deemed necessary.

Once application is completed, please scan and email back to: accounting@fgm-industrial.com or Fax to: 1-407-787-9696 or Mail to:

Filtration Group - FGM, Inc.
Attn: Accounting Department
1458 Lassen Street
Haines City, FL 33844

Note: a completed application does not guarantee approval of credit terms. All first orders are Credit Card or Cash in Advance until credit can be established. The completion of this form also warrants that the applicant and applicant's company agrees to FGM Industrial's Terms & Conditions of Sale

How did you receive the credit application? * _____
If sales rep, please provide his/her name or N/A * _____

Company Information:

Legal Company Name * (or d/b/a) _____

Name of individual completing application: _____

Email of individual completing application: _____

Phone Number : () _____ Fax Number: () _____

Company Website URL: _____

Federal Tax ID * (EIN) _____

State of Legal Entity Formation * _____

Company Information Start date of Legal Entity Formation (YYYY) * _____

D-U-N-S Number _____

Address Information:

Company Address or Primary Street (No PO Boxes) *

City * _____ State/Province * _____ Zip/Postal Code * _____

Is Billing/Mailing Address same as Business Address above? * () Yes or () No

If not the same please complete the following:

Billing/Mailing Address:

Company or AP Billing Name: _____

Attn: _____

City * _____ State/Province * _____ Zip/Postal Code * _____

Financial Information:

Dollar \$\$ amount of Line of Credit Requested * _____

Estimated Monthly Purchase _____

Accounts Payable Contact Name * _____

AP Contact Email Address _____

AP Contact Phone Number * _____

AP Contact Fax Number _____

Bank Name _____

Bank Officer or Contact Name _____

Bank Phone Number _____

Bank Fax Number _____

Bank Address _____

City _____ State _____ Zip Code _____

If your company wishes to pay via electronic banking, please complete the following:

Checking Account ABA Routing # _____

Account Number _____

Are you tax exempt? * () Yes or () No

If so, please include your tax exemption certificate along with application.

Applicable taxes will show on invoice until a formal certificate is received.

Ownership Information:

Owners Officers:

Please provide Owner Information here... Please note we need personal information here and should not be the same as the company's information provided above.

Note: Any and all personal or private information provided will be kept strictly confidential and will only be used by FGM for the purpose of this application or for immediate business contact needs.

If applicant is a sole proprietorship or partnership:

Individual Owner Name: _____
Phone Number : () _____ Email: _____
Social Security Number _____
Home Address _____
City _____ State _____ Zip Code _____

If applicant is a Legal Corporation:

Owners / Officers Name _____
Title _____
Phone Number : () _____ Email: _____
Social Security Number _____
Home Address _____
City _____ State _____ Zip Code _____

Owners / Officers Name _____
Title _____
Phone Number : () _____ Email: _____
Social Security Number _____
Home Address _____
City _____ State _____ Zip Code _____

Owners / Officers Name _____
Title _____
Phone Number : () _____ Email: _____
Social Security Number _____
Home Address _____
City _____ State _____ Zip Code _____

Trade and Bank References:

Do you have a trade reference sheet? * () Yes or () No

If so, please include your Banking and Trade Reference Sheet along with application.

If not, please complete the following:

Please provide at least 3 trade references.

* Note: Fax numbers are mandatory for each reference as FGM sends requests for verification to each reference you provide via fax.

Reference # 1:

Reference Business Name* _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number* _____

Fax Number* _____

Reference # 2:

Reference Business Name* _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number* _____

Fax Number* _____

Reference # 3:

Reference Business Name* _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number* _____

Fax Number* _____

Reference # 4:

Reference Business Name* _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number* _____

Fax Number* _____

Terms and Conditions:

By completing and submitting this application, I hereby represent that I am authorized to submit this application and bind the business identified in this application, and that the information provided is for the purpose of obtaining credit and is warranted to be true. The business identified in this application acknowledges that this request is for the extension of credit for commercial purposes only and is not intended for the extension of credit for personal, family or household purposes. In order to protect individual identities, unless an individual is intending to act as a guarantor for purposes of securing credit and is required to provide guarantor information on this application, no personally identifying information (i.e. Social Security #, driver's license #, bank account information, etc.) should be provided. The business identified in this application hereby authorizes all banks, financial institutions, trade reference sources, credit reporting agencies and others to release credit information. In the event of a conflict, the terms and conditions set forth above shall control over any terms and conditions set forth below. Application Terms & Conditions In consideration of FGM Industrial (hereinafter "Seller") extending credit to Applicant, Applicant agrees to be bound by the following terms and conditions. 1. GENERAL TERMS a) The application here made is not for extended credit but for an open account or the purchase of products from Seller. All such purchases are made subject hereto unless other terms are especially agreed upon in writing. b) On any account placed in hands of an attorney for collection or if collected through suit, probate, bankruptcy proceeding or by collection agency, there will be paid, in addition to all other charges, the actual collection fees, attorney's fees, and court costs incurred in collecting the account. c) Applicant warrants that they are authorized to complete this credit application and to agree to its terms. d) Applicant authorizes Seller to investigate any references listed pertaining to applicant's credit or financial responsibility. e) Oral statement made by salespeople or other representatives are not binding on Seller. f) Seller shall have the right to deny any credit application without reason or notice. g) Seller has the right to deny any additional extension of credit if there is a delinquent balance. h) Service charges may be assessed on past due balances at the rate of 1 1/2 % per month or the highest percent permitted by law, whichever is greater. i) All amounts charged by the Applicant will be due Net 10,15 or 30 days from date of invoice or later date as specified on the invoice and SERVICE CHARGE may be imposed on this account if said account is not paid on the date amount comes due. J) Lastly, freight or shipping charges on invoice are non-refutable, non-contestable and must be paid along with product amounts.

Terms of Sale:

All sales will be made under FGM's standard Terms and Conditions of Sale, a copy of which will be supplied upon request or can be reviewed online at www.fgm-industrial.

I agree to the terms and conditions above:

Signatures:

Authorized Signature _____

Printed Name of Individual _____

Professional Title _____

Date of Signed Application: (dd/mm/yyyy) _____