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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADER REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. **Invoice Terms: 1%10 NET 30 DAYS.**
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize E.L. Simeth Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. We believe that our firm is financially able to meet any commitments we make, and agree to pay your invoices according to **1%10 NET 30 Day Terms**. We agree to pay all costs of collection including reasonable attorney's fees, and are aware that non-payment after 30 days will subject us to a **1-1/2%** monthly service charge. I understand that orders will not be shipped if our account becomes delinquent.

SIGNATURES

Signed:	Signed:
Title:	Title:
Date:	Date: