

TEL: 704.545.4500
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APPLICATION FOR CREDIT

WITH

AC CONTROLS COMPANY, INC.

REMITTANCE ADDRESS: PO BOX 63243, CHARLOTTE, NC 28263-3243

BUSINESS CONTACT INFORMATION		
FIRM NAME:		
PHYSICAL ADDRESS:		
BILLING ADDRESS:		
DATE BUSINESS COMMENCED:	DUNS NUMBER:	
PRIMARY PHONE NUMBER:	FAX NUMBER:	
ACCOUNTS PAYABLE CONTACT:		
SUBJECT TO SALES TAX?	YES:	NO:

***** IF EXEMPT, PLEASE FORWARD APPLICABLE CERTIFICATES *****

BUSINESS AND CREDIT INFORMATION			
CORPORATION:	PARTNERSHIP:	INDIVIDUAL:	OTHER:
FEDERAL TAX ID NUMBER or SOCIAL SECURITY NUMBER:			
BANK:			
BANK PHONE NUMBER:			
BANK OFFICER'S NAME:			

BUSINESS / TRADE REFERENCES
COMPANY NAME:
ADDRESS:
CONTACT NAME & FAX# or EMAIL:
COMPANY NAME:
ADDRESS:
CONTACT NAME & FAX# or EMAIL:
COMPANY NAME:
ADDRESS:
CONTACT NAME & FAX# or EMAIL:

AGREEMENT

AC Controls Company, Inc. **GENERAL TERMS AND CONDITIONS** apply to all sales.

PAYMENT TERMS: Net amount in full within thirty (30) days of invoice date. If, in our opinion, the financial condition of the purchaser at any time does not justify continuance of shipment on the terms of payment specified, we may require full payment in advance.

No shipments will be made on open account unless satisfactory credit is established prior to shipping date.

INTEREST ON UNPAID BALANCE: Invoices not paid in full within thirty (30) days of invoice date will accrue interest at the rate of one and one-half percent (1½%) per month on the unpaid principal balance.

ATTORNEY'S FEES: In the event an invoice remains unpaid after thirty (30) days from invoice date, purchaser agrees to pay AC Controls all costs incurred in collecting the balance owing, including reasonable attorney's fees in the amount of fifteen percent (15%) of the outstanding balance on such invoice.

SIGNATURE

Applicant's signature attests financial responsibility, ability and willingness to pay AC Controls' invoices in accordance with the above terms.

FIRM SIGNATURE

TITLE PRINTED NAME