

Application for Credit

EuroTherm Systems Manufacturer's Representative: _____

Billing Name and Address: _____

Shipping Name and Address: _____

Contact Information

Business Name: _____ Fax: _____

Phone: _____ A/P Fax: _____

A/P Phone: _____ E-mail: _____

Tax Resale Certificate No.: _____ Internet Address: _____

President: _____ Phone: _____

Finance Manager: _____ Phone: _____

Business Information

Check one: Sole Owner Partnership Corporation Parent Co. Name: _____

Federal ID No.: _____ State Tax Exempt No.: _____

DUNS No.: _____ Corporation's State of Inc.: _____ Date of Inc.: _____

Name(s) of Owner, Partners, or Corporate Officers

1. Position: _____ 2. Position: _____

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Social Security No.: _____ Social Security No.: _____

Has any principal of your company filed for bankruptcy? Yes No If yes, when?: _____

Has this company ever filed for bankruptcy? Yes No If yes, when?: _____

Own or Rent Premises?: _____ Name of Mortgage Holder or Landlord: _____

Annual Sales: _____ Number of Employees: _____

Anticipated Monthly Purchases from EuroTherm Systems: _____ Credit Line Requested: _____

Bank Reference

Name: _____ Phone: _____

Address: _____

Account Name: _____ Account No.: _____

Loan Officer: _____ Loan Balances: _____

Trade References

1. Company Name: _____ Contact Person: _____

Address: _____

Phone: _____ Fax: _____

2. Company Name: _____ Contact Person: _____

Address: _____

Phone: _____ Fax: _____

3. Company Name: _____ Contact Person: _____

Address: _____

Phone: _____ Fax: _____

With the signature of the officer(s) below it is understood that all information provided is true and correct. It also gives EuroTherm Systems Inc. the authorization to check the credit references provided. This signature also means that the company you represent will comply with all terms and conditions set forth by EuroTherm Systems Inc. The undersigned individual(s) who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____