

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

| BUSINESS CONTACT INFORMATION | | | |
|---|--|------------------------|---|
| Company name | | | Years in business |
| Company address | | | # Of employees |
| City, state, ZIP code | | | <input type="checkbox"/> Individual/ sole proprietor |
| Phone Fax | | | <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation |
| Website | | | <input type="checkbox"/> LLC <input type="checkbox"/> Other |
| PURCHASING | | | |
| Name, authorized buyer | | Name, authorized buyer | |
| E-mail address | | E-mail address | |
| ACCOUNTS PAYABLE | | | |
| Name, accounts payable | | | |
| E-mail address | | | |
| BUSINESS AND CREDIT INFORMATION | | | |
| Bank name | | Account number | |
| Address | | Type of account | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |
| City, state, ZIP code | | | |
| Phone | | | |
| Fax | | | |
| BUSINESS/TRADE REFERENCES | | | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Company name | | Phone | |
| Address | | Fax | |
| City, state ZIP code | | E-mail | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP code | | E-mail | |
| AGREEMENT | | | |
| <p>1. All invoices are to be paid within 30 days from the date of the invoice. Beyond 60 days C.O.D.</p> <p>2. By submitting this application, you authorize Fluid Line Components, Inc. to make inquiries into the banking and business/trade references that you have supplied.</p> | | | |
| SIGNATURES | | | |
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |

E-mail completed application and a copy of your Michigan Tax Exempt Form 3372 to:

accounting@fluidlinecomponents.com or FAX to: 248-583-9046