



Providing Engineered Solutions in Pneumatics, Motion Controls and Systems

Credit Application

Company Name _____

Check Which Applies: Corporation _____ Partnership _____ Other _____ Specify _____

Years In Business _____ Number of Employees _____ SIC Code _____

Nature of Business _____

Amount of Credit Requested ____ < \$500 ____ \$500 - \$2500 ____ \$2500-\$5000 ____ \$5-10,000 ____ \$10-25,000 ____ Over \$25,000

How did you hear about our company? ____ Web ____ Salesman(____) ____ Cust Referral ____ TV ____ Print
____ Manufacturer (____) ____ Other (____)

Officers _____ Title _____ Email _____

_____ Title _____ Email _____

Accounting Contact _____ Phone _____ Fax _____ Email _____

Purchasing Agent _____ Phone _____ Fax _____ Email _____

Maintenance Contact _____ Phone _____ Fax _____ Email _____

Engineering Contact _____ Phone _____ Fax _____ Email _____

Safety Contact _____ Phone _____ Fax _____ Email _____

Training Contact _____ Phone _____ Fax _____ Email _____

Sales Tax Exempt? Yes _____ No _____ (If yes, include exemption certificate)

Are faxed invoices acceptable? Yes _____ No _____ E-mail Address _____

Do you have EDI capabilities? Yes _____ No _____ If yes, what documents? _____

Does your company use a credit card? Yes _____ No _____ If yes, what card? _____

Billing Address

Street or P.O. Box _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

Ship To Address (If Different Than Billing Address)

Street or P.O. Box _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

Credit Application (Page 2)

Trade References

Company _____

Street _____

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Company _____

Street _____

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Company _____

Street _____

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Bank Reference

Bank _____

Street _____

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Information Provided By

Signature _____ Date _____

Name (print or type) _____ Title _____

All replies are strictly confidential. Please allow 3 days for application to be processed. Terms are net 30 days. A service charge of 1½% per mo., 18% annually will be charged on balances not paid within 30 days.

Internal Use Only

100 _____ 334 _____ 801 _____ 803 _____ 703 _____ TFM _____ ACCT _____



Providing Engineered Solutions in Pneumatics, Motion Controls and Systems

2550 Blankenbaker Parkway
Louisville, KY 40291
502/451-1000

Attn: _____

Date: _____

PLEASE NOTE: The following credit agreement **must be signed** BY AN OFFICER or OWNER of the company in order to be approved for an open account.

CREDIT AGREEMENT

In submitting this application for extension of credit, I understand that all accounts over 30 days are delinquent and liable to be assigned a late charge of 1-1/2% per month, not to exceed an annual charge of 18% per year. All costs of collection will be the debtor's responsibility, including reasonable attorney fees, should collection through an attorney be necessary. This agreement shall be conclusively deemed to be a material element in each subsequent extension of credit by **Air Hydro Power, Inc.** until revoked by your company in writing.

Company Name _____
Date _____

Authorized Signature _____
Printed Name _____
Title _____

PLEASE NOTE: IF WE DO NOT RECEIVE YOUR ANNUAL TAX EXEMPTION CERTIFICATE YOUR ACCOUNT WILL BE TAXED.