



CREDIT APPLICATION

COMPANY NAME _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (____) _____ FAX NUMBER (____) _____ NO. OF YEARS IN BUSINESS _____

DO YOU WISH TO HAVE INVOICES AND STATEMENTS EMAILED? _____ YES _____ NO

EMAIL _____

TYPE OF BUSINESS _____ IS PURCHASE ORDER REQUIRED _____

PLEASE CHECK ONE: _____ SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ OTHER

OWNER OR PRESIDENT _____

ACCOUNTING MANAGER _____

_____ TAXABLE _____ TAX EXEMPT (PLEASE ATTACH SIGNED TAX EXEMPTION CERTIFICATE)

PERSONS AUTHORIZED TO SIGN FOR MERCHANDISE _____

BANK NAME (CHECKING) _____ ADDRESS _____

CITY _____ STATE, ZIP _____

CREDIT REFERENCES

NAME _____ ADDRESS _____

CITY, STATE & ZIP _____ PHONE (____) _____ FAX (____) _____

NAME _____ ADDRESS _____

CITY, STATE & ZIP _____ PHONE (____) _____ FAX (____) _____

NAME _____ ADDRESS _____

CITY, STATE & ZIP _____ PHONE (____) _____ FAX (____) _____

I/WE HEREBY AUTHORIZE ANY AND ALL REFERENCES LISTED ABOVE TO ANSWER AND REVEAL ANY AND ALL CREDIT INFORMATION, HISTORY AND DETAILS ABOUT MY/OUR ACCOUNT TO SCIENTIFIC BRAKE & EQUIPMENT CO. I/WE ALSO AUTHORIZE OBTAINING CREDIT INFORMATION FROM A CREDIT AGENCY OR SERVICE.

SIGNATURE _____ DATE _____

TERMS AGREEMENT

APPLICANT'S SIGNATURE ATTESTS ACCEPTANCE OF AGREEMENT, FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS AND CONDITIONS: TERMS OF PAYMENT ARE NET 10TH PROX. INTEREST WILL BE CHARGED AT A RATE OF 1.5% PER MONTH ON ALL DELINQUENT ACCOUNTS. APPLICANT WILL BE RESPONSIBLE FOR ATTORNEY'S FEES, COURT COSTS AND POST-JUDGEMENT INTEREST, IF DEFAULT LITIGATION OCCURS. THIS AGREEMENT SHALL BE ENFORCED IN ACCORDANCE WITH THE LAWS OF THE STATE OF MICHIGAN. THE INFORMATION ON THIS APPLICATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE.

NOTICE: IN THE EVENT THIS ACCOUNT BECOMES DELINQUENT, ALL WRITTEN AND VERBAL COMMUNICATIONS WILL BE AN ATTEMPT TO COLLECT THE DEBT AND ANY INFORMATION WILL BE USED FOR THAT PURPOSE.

SIGNATURE _____ DATE _____