

CONTROL COMPONENTS

Industrial Automation and Safety Solutions

109 Court Way
PO Box 1240
Pelham, AL 35124
Phone (205) 620-0262
Fax (205) 620-4092
Toll Free (888) 472-2555

www.controlcomponentsinc.com

APPLICATION FOR CREDIT

Please fill in all blanks:

_____ Corporation _____ LLC _____ Partnership _____ Individual

Legal Name _____

Trade Name _____

FEI# _____ DUNS# _____

Ship to address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Alternate _____

Bill to address _____

City _____ State _____ Zip _____

Officers:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Accounts Payable Contact: (person to email invoices to)

Name _____ Phone _____

Email _____

Purchasing Contact: (person who places order and will receive order fulfillment emails)

Name _____ Phone _____

Email _____

Organizational Information:

Business Type _____

Date of Business Inception _____ Incorporated in the State of _____

Line of Credit Requested \$ _____ **Purchase Order Required** Yes _____ No _____

If "No", please explain _____

Credit References (please provide at least four):

NOTE:

If your credit reference (vendor) does not provide credit information except through Dun and Bradstreet then you will need to request the report (payment information) from Dun and Bradstreet, and send to Cindy Martin via fax or email.

Company Name _____

Address _____

Phone Number _____ Fax Number _____

Company Name _____

Address _____

Phone Number _____ Fax Number _____

Company Name _____

Address _____

Phone Number _____ Fax Number _____

Company Name _____

Address _____

Phone Number _____ Fax Number _____

Bank Reference:

Bank Name _____ Account Number _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone Number _____
Fax Number _____

Contact email address: _____

Sales Tax Information:

Are you tax exempt? Yes _____ No _____

If we should not add state, city or county sales tax to your invoices, please provide your tax exemption certificate with tax exemption number, signature and date. Purchaser agrees that he/she assumes full liability for any non-tax sales which may later be subject to tax.

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Control Components, Inc. to investigate the references listed above pertaining to our credit and financial responsibility.

Terms:

Terms of sale are Net 30 days from date of invoice, net of any applicable discounts as printed on each invoice. A service charge of 1-1/2% per month (18% annually) will be added to past due balances. No extended terms such as "job completion", "draw completion", "retainage", etc., apply. Upon review of this credit application, Control Components, Inc. may require a personal guarantee to open your account. In the event of default of payment, it will be the applicant's responsibility to pay reasonable attorney's fees in addition to the principal, interest, service charges and court costs should this account be referred to an attorney for collection.

Personal Guarantee Required Yes _____ No _____

Submitted by _____

Title _____ **Date** _____

If not submitted electronically to **cmartin@controlcomponentsinc.com**, please fax or mail completed application and tax exemption certificate (if applicable) to:

Control Components, Inc.
Accounting Department
P.O. Box 1240
Pelham, AL 35124
(205) 620-4092 - FAX

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PERSONAL GUARANTEE

The undersigned guarantor, in consideration of the extension of credit by Control Components, Inc. (CCI) an Alabama Corporation, to

_____ (applicant),

Agrees to be individually liable to CCI for any and all sums due by applicant to CCI of any nature or manner.

This guarantee shall remain in force until expressly revoked by written notice. Guarantor waives all rights of exemption and all notice and pleas of discussion and division and agrees to pay upon demand to CCI the full amount of indebtedness of applicant, together with such interest, attorney's fees, and court costs as may be due thereon.

Guarantor waives notice to or the consent of guarantee to any extensions, releases, discharges, and/or changes to credit terms whatsoever and agrees that US laws and jurisdiction apply. Guarantor hereby specifically consents and submits to the jurisdiction of the State of Alabama, Shelby County, U.S.A. and agrees that this guarantee agreement shall be governed by and construed in accordance with the laws of the State of Alabama, without application of its applicable conflicts of law rules.

In witness whereof, the undersigned has duly executed this guaranty agreement this ____ day
Of _____, 20 ____.

Guarantor:

_____ (Signature)

_____ (Printed Name)

Applicant Company _____

Address _____

Phone _____ Fax _____

Acknowledged by _____ Title _____

Must be an officer of the company