

SMITH FILTER CORPORATION

5000 - 41st Street Court

Moline, IL 61265

(309) 764-8324 \* (800) 447-4009

FAX: (309) 764-6816

CREDIT APPLICATION

Please complete both sides

DATE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

PRINCIPAL SUPPLIERS WITH WHOM YOU HAVE ESTABLISHED CREDIT:

- 1. Name Address City State Zip Telephone Fax
2. Name Address City State Zip Telephone Fax
3. Name Address City State Zip Telephone Fax

TYPES OF ACCOUNTS YOU HAVE:

\_\_\_ Checking \_\_\_ Savings \_\_\_ Business \_\_\_ Personal (Bank: \_\_\_\_\_)
(Account # \_\_\_\_\_)

TYPE OF LOANS YOU HAVE:

\_\_\_ Commercial \_\_\_ Installment \_\_\_ Mortgage \_\_\_ Second \_\_\_ Unsecured

Our payment terms are net 30. Invoices not paid within terms are subject to a 1 1/2% service charge. Past due accounts are handled on a C.O.D. basis until current.

The undersigned agrees to comply with all terms of sale, and specifically, but not limited to, payment of 1 1/2 % per month (18% yearly rate) with \$1.00 minimum charge per month on all past due balances.

This agreement is governed by the laws of the state of Illinois. Please read the following and sign if you wish to open an account with Smith Filter.

"I realize that you expect to investigate my credit. I authorize you to obtain, if you desire, a written or oral report from the above suppliers or any credit reporting agency, including, among others, a consumer reporting agency. I further authorize any bank with whom I am doing or have done any type of business to give any and all necessary information to you which will assist you in your credit investigation, and release any claim I may have for breach of contract or invasion of privacy because of information furnished to you."

The undersigned personally guarantees all obligations to your company extended as a result of the application for credit.

It is hereby agreed, that if such an account is placed in the hands of an attorney for collections or is collected by suit, or through probate proceedings, we promise to pay the principal and interest when due plus not to exceed 50% of unpaid balance for attorney's fees together with all costs of court and collection agencies.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# CUSTOMER DATA SHEET

Business Name \_\_\_\_\_ Telephone \_\_\_\_\_

Business Address, City, State, Zip \_\_\_\_\_

Mailing Address (if different from business address (including P.O. Box ) \_\_\_\_\_

Resale Number \_\_\_\_\_ State \_\_\_\_\_

## OWNERSHIP

\_\_\_\_ Sole Owner \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_ Partnership \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_ Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_ Corporation Established Date \_\_\_\_\_ Federal ID# \_\_\_\_\_

Business Established \_\_\_\_\_ General Nature of Business \_\_\_\_\_  
Tax Exempt \_\_ Yes \_\_ No D & B # \_\_\_\_\_ Purchase Order required \_\_ yes \_\_ no

Contact regarding purchasing: \_\_\_\_\_

Contact regarding payments: \_\_\_\_\_

## PRINCIPAL OWNER(S), PARTNERS OR OFFICERS:

1. \_\_\_\_\_  
Name Address City State Zip Telephone Fax

2. \_\_\_\_\_  
Name Address City State Zip Telephone Fax

3. \_\_\_\_\_  
Name Address City State Zip Telephone Fax

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Office Use Only: Amt Order _____ Credit Limit _____ Approved By _____
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