

# OFI Testing Equipment, Inc.

## Application for Credit

(Please Type or Print Legibly)

Application is hereby made for an open credit account with net 30-day terms.

### APPLICANT:

Legal Name of Firm: \_\_\_\_\_ Subsidiary of: \_\_\_\_\_

### INVOICE ADDRESS:

Street or PO Box: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### SHIPPING ADDRESS:

Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### TYPE OF BUSINESS:

Check One: Corporation  Partnership  Proprietorship

Date Established: \_\_\_\_\_ Fed. Tax ID No: \_\_\_\_\_ Tx. Resale No. \_\_\_\_\_

### BANK REFERENCE:

Bank Name: \_\_\_\_\_ Account No: \_\_\_\_\_ Type of Acc't: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

### TRADE REFERENCES:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Acc't/Cust No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Acc't/Cust No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Acc't/Cust No: \_\_\_\_\_

### FINANCIAL HISTORY (If yes to any of the following, give details on another page.)

Have you ever filed bankruptcy or reorganization for benefit of creditors? Yes  No

Have you ever been sued by any person or entity for alleged nonpayment of a debt? Yes  No

Is your inventory pledged as collateral? Yes  No

Are your accounts receivables factored or pledged as collateral? Yes  No

### PURCHASING AGENTS:

Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_

Purchase Order Number Required with Order: Yes  No  Sometimes

The applicant's signature attests financial responsibility and that the information and statements in this application are true and complete, and are made for the purpose of inducing OFI Testing Equipment to establish an open account line of credit. OFI Testing Equipment is hereby authorized to obtain any information it considers necessary from any source concerning the statements in the application. The applicant promises to pay for all purchases in accordance with the terms and conditions as stated below. The applicant further agrees to notify OFI Testing Equipment immediately if the applicant becomes insolvent or otherwise unable to meet current obligations and to pay reasonable attorney or collection fees plus interest in case of default in payments in compliance with terms. If, at any time, for any reason, the undersigned is unable to pay for purchases when due, the undersigned agrees to pay and authorizes OFI Testing Equipment to bill my/our account service charge in the amount of 1.5% per month on the unpaid balance. All purchases are deemed made and payment is due at the principle place of business of OFI Testing Equipment. For any transaction, the undersigned agrees to pay all charges within 30 days following the invoice date. OFI Testing Equipment reserves the right to withdraw credit immediately or not to extend credit to the undersigned at its sole discretion at any time. The undersigned wishes to apply for credit with OFI Testing Equipment in accordance with these terms and conditions, which have been read, understood and accepted.

Signature of Authorizing Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Fax No: \_\_\_\_\_

Mail / Shipping: 1006 West 34<sup>th</sup> Street Houston, TX 77018-6321 U.S.A.

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