

Accurate Cutting Technologies, Inc.
Application for Credit

I. Company Information

Company Name: _____

Customer's Name: _____

Phone #: _____ Ext: _____ Fax #: _____

Billing Address: _____ Shipping Address: _____

Accounts Payable Contact(s): _____

Type of Business:

() Sole Proprietorship () Corporation () Partnership () Other

If other, please explain: _____

Date Established: _____ Line of Business: _____

II. Financial Information

Name of Bank: _____

Address: _____

Phone: _____ Contact: _____

Account #: _____

III. Trade References

1. Company Name: _____ Contact: _____

Address: _____

Phone #: _____ Fax #: _____

Account #: _____ Date Established: _____

2. Company Name: _____ Contact: _____

Address: _____

Phone #: _____ Fax #: _____

Account #: _____ Date Established: _____

BY SIGNING THIS CREDIT APPLICATION, I AUTHORIZE ACCURATE CUTTING TECHNOLOGIES, INC. TO INVESTIGATE MY ACCOUNTS FOR ANY INFORMATION IN REGARDS TO PAST CREDIT HISTORY. I ALSO AGREE TO THE TERMS NEGOTIATED BY ACCURATE CUTTING TECHNOLOGIES. I UNDERSTAND THAT SHOULD MY ACCOUNT BECOME PAST DUE, FEES MAY ACCRUE AND A HOLD MAY BE APPLIED TO THE OPEN ACCOUNT, UNTIL ALL DELINQUENT AMOUNTS ARE PAID IN FULL OR UNTIL THE ACCOUNT IS BROUGHT CURRENT, AS IS THE RIGHT OF ACCURATE CUTTING TECHNOLOGIES. ALL COSTS AND EXPENSES INCURRED BY THE SELLER, AS A RESULT OF DELINQUENCY BY THE BUYER, INCLUDING COLLECTION COSTS, INTREST, AND REASONABLE ATTORNEY FEES SHALL BE ACCRUED AND PAID BY THE BUYER.

Date: _____