



Credit Application

Application Date: _____

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Personnel: _____ Authorized Buyer: _____

Date of Establishment: _____

Type of Organization (check one) : Sole Proprietor _____ Partnership _____ Corporation _____

If Corporation, State of Incorporation: _____

Owners or Principals if Sole Proprietor or Partnership:

1. Name: _____ Title: _____

Financial Information

Federal Tax ID Number: _____

D&B Number: _____

Requested Line of Credit: \$ U.S. _____

Bank Reference

Name/Branch: _____

Address: _____ Fax# _____

City: _____ State: _____ Zip: _____

Contact Personnel: _____ Account Number: _____

Trade References (Minimum of 4 Required ; Attach if necessary) :

Company	Contact/Title	Address	Ph/Fax
1) _____			
2) _____			
3) _____			
4) _____			

By signing this application, the applicant agrees to the following provisions:

1. The business relationship between the applicant and Sensoray, if any, shall be governed by Sensoray Standard Terms of Sale (net 30), distributor agreements (if applicable), and cost schedules. Any additional or different terms in the applicant's business forms shall be void and of no effect.
2. The applicant agrees that the extension of credit is at the discretion of Sensoray's credit department and accounts that become 45 days past due from the invoice date will result in shipments going out COD.
3. The applicant will pay all costs of collection incurred by Sensoray including attorney fees and collection agency fees (collection fees not to exceed 50% of the total debt.), whether or not any legal proceeding is initiated.
4. The applicant understands that purchase invoices will be mailed one time (via mail post) at the time of product shipment, and that Sensoray will not provide a follow-up invoice statement. It will be the applicants' responsibility to pay on time as agreed under the established credit terms.
5. If items are returned other than for defect, the customer will pay a restocking fee of 25% of the original purchase price . The customer will also pay for all shipping.
6. The information contained herein is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Sensoray Co., Inc. to investigate the references listed above pertaining to my/our credit and financial responsibility.

Signature/Date: _____

Printed Name: _____

****Application must be signed in order to be processed****