



Confidential Credit Application

No application will be considered until ALL QUESTIONS are answered.

Company Name:

Full Legal/Operating Name _____
Address _____
City _____ Province/State _____ Zip/Postal Code _____
Phone Number _____ Fax Number _____

Ownership:

Individual ____ Partnership ____ Corporation ____ Type of Business _____
Years in Business _____ Anticipated Monthly Credit Requirements _____
Tax Exemption/IRS Number _____ Contact Name For Payments _____
Name of Owner(s) _____ Home Address _____ Home Ph _____

Trade Credit References: (Must Fill out ALL 3 References)

1. Business Name _____ Contact _____
City, Province/State _____
Phone Number _____ Fax Number _____
2. Business Name _____ Contact _____
City, Province/State _____
Phone Number _____ Fax Number _____
3. Business Name _____ Contact _____
City, Province/State _____
Phone Number _____ Fax Number _____

Bank:

Bank Name/Branch _____
Address _____ Managers Name _____
Phone Number _____ Fax Number _____
Available Line of Credit _____ Years with Bank _____
Previous Bank (if less than one year) _____ Phone _____



TERMS AND CONDITIONS OF SALE

CREDIT TERMS:

1. All products purchased from Exhaust Direct are due and payable in full in 30 days from the date of invoice, unless otherwise stated.
2. All accounts not meeting payment terms will be subject to service charges at a rate of 1 % compounded. Up on credit approval, Exhaust Direct reserves the right to cancel credit privileges wherein notification by either telephone or correspondence has been provided. A collection fee of 25 % of the unpaid balance will be charged if a third party is requested to obtain payment of any outstanding amount.
3. A \$20.00 service charge for any NSF cheques will be applied to your account.

FREIGHT POLICY:

All shipments will be shipped prepaid on scheduled Exhaust Direct delivery days. Minimum order of \$300 must be placed in order to qualify for prepaid shipping. Orders less than \$125.00 are subject to a \$10.00 surcharge. For all other deliveries see Freight Zone Chart.

RETURN MERCHANDISE POLICY:

Prior to being returned, ALL NEW merchandise must be pre-authorized by Exhaust Direct, at which time you will be given RGA# (Return Goods Authorization Number) before it is returned. Customers must use a Return Goods Slip with part number. All goods must be in new, resalable condition and in the original package.

NON-RETURNABLE MERCHANDISE:

ALL products sold/shipped by Exhaust Direct are considered in "good condition". ALL claims for shortages or damaged products must be noted on receiving documents and claimed within two business days of receipt.

THE UNDERSIGNED HEREBY:

1. Affirms that the information set forth by the above is in all respects true, accurate and complete and is furnished with the intent it can be relied by Exhaust Direct in extending credit to the undersigned and that no information which might affect Exhaust Directs decision to extend credit has been withheld.
2. Recognizes and understands that payments on all orders for approved accounts are as stated in our credit terms, unless otherwise specified.
3. Agrees to pay any collection costs, attorney fees or NFS cheque charges that may be incurred in the process of collection the delinquent amount owed.
4. Authorizes Exhaust Direct to conduct a personal investigation and to obtain any information required related to this application from any source is hereby authorized to provide them with such information. Exhaust Direct is furthermore authorized to disclose the response to direct inquiries from any other lender or any credit bureau such information concerning this application, as Exhaust Direct considers appropriate. The applicant agrees to indemnify Exhaust Direct against and save harmless from any and all claims in damages or otherwise arising from any such disclosure made by Exhaust Direct.
5. Understands and agrees to the return merchandise policy of Exhaust Direct.

FULL LEGAL/OPERATING NAME: _____

PRINT APPLICANT NAME: _____

APPLICANTS SIGNATURE: _____ DATE: _____

SALESMAN'S SIGNATURE: _____

OFFICE USE ONLY

Rating: _____ Approved By: _____ Date: _____

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