

Adams Credit Application

-Please **PRINT** or **TYPE** -

Official Use Only

Terms/Acct \$/Invoice \$: _____

Rating: _____

By: _____

Company Name and Billing Address:

Telephone #: _____ / _____

FAX #: _____ / _____

Ship to Name and Address:

Telephone #: _____ / _____

FAX #: _____ / _____

Type of Organization: Corporation Partnership Sole Proprietor

Complete for Corporation

President: _____

Vice President: _____

Controller/Treasurer: _____

Accts. Payable Contact: _____

Purchasing Agent: _____

State of Incorporation: _____

Date of Incorporation: _____

DBAs: _____

Years under current management _____

Primary Business /SIC Code: _____

What elevator needs do you anticipate with ADAMS _____

Complete for Partnership or Sole Proprietor

Principal Owner: _____

Home Address: _____

Telephone #: _____ / _____

Secondary Principal: _____

Home Address: _____

Telephone #: _____ / _____

Years under current ownership _____

D-U-N-S* Number: _____

Have you ever had previous business with Adams Elevator? Yes No

If yes, under what name and address: _____

Approximate dollar amount of credit line requested? _____

Currently Rent or Own? Landlord/Mortgagor Name: _____

Address: _____ Telephone #: _____ / _____

Financial Information (Enclose most recent Financial Statement)

Bank: _____

Account No: _____

Address: _____

Contact Name: _____

City/State/Zip: _____

Telephone #: _____ / _____

FAX #: _____ / _____

Type of Account: Checking Savings Loan _____

*D-U-N-S is a registered trademark of The Dun & Bradstreet Corporation

ALL ACCOUNTS ARE C.O.D. UNTIL OPEN ACCOUNT TERMS ARE APPROVED

Please complete information on side 2

Adams Credit Application

Trade References

- | | |
|---|---|
| 1) Company name _____
Address: _____
City/State/ZIP: _____
Telephone : _____ / _____
Fax: _____ / _____ | 2) Company name _____
Address: _____
City/State/ZIP: _____
Telephone : _____ / _____
Fax: _____ / _____ |
| 3) Company name _____
Address: _____
City/State/ZIP: _____
Telephone : _____ / _____
Fax: _____ / _____ | 4) Company name _____
Address: _____
City/State/ZIP: _____
Telephone : _____ / _____
Fax: _____ / _____ |

With the authorized signature below I (we) acknowledge this information is true and accurate and is to be released in the strictest confidence for the sole purpose of establishing an open account credit line with Adams Elevator Equipment Co. (a.k.a. ADAMS). I (we) hereby authorize ADAMS to request and obtain credit information from any trade, bank or financial reference concerning the status of my (our) business credit.

I (we) also agree to abide by ADAMS payment terms of Net 30 and acknowledge ADAMS' right to deny or modify my (our) credit at any time. I (we) agree to pay all invoices in US Dollars and pay any bank or processing fees related to collection of our payments including but not limited to 3% charge for VISA and MasterCard processing, wire transfer and bank draft fees as well as, if required, third party collection costs.

Authorized signature

Printed or typed name/Title

Authorized signature

Printed or typed name/Title

Company Name (Printed or Typed)

Date

FOR PROMPT PROCESSING, PLEASE FAX THIS APPLICATION TO ADAMS AT 847-581-2949 AND THEN MAIL ADAMS THE SIGNED ORIGINAL. THANK YOU.