

Net 30 Day Payment Terms Application

Submit completed form to accounting@core-sensors.com

Anticipated Annual Purchases: \$ _____ Requested Credit Limit: \$ _____

Business Information

Company Legal Name

Trade Name - d/b/a

D&B #

Billing Address:

Shipping Address:

Street Address - Include any unit or suite #'s

Street Address - Include any unit or suite #'s

City State Zip Code

City State Zip Code

Country

Country

Tax Exempt? Yes No — If yes, include a copy of your tax exemption certificate(s)

Are Purchase Orders used to place orders? Yes No

If no, how are authorized orders sent? _____

Type of Business: Manufacturer / OEM Reseller / Dealer / Distributor Marketing Rep

Other: _____

Type of Ownership: "C" Corporation "S" Corporation Limited Liability Private Publicly Held
Non-Profit Sole Proprietor

State of Incorporation/Registration

Year

Tax Payer ID #

Company Contact Information

Name of Primary Accounts Receivable Contact

Email

Phone Number

Fax Number

Additional Contact Information

President / General Manager

Email

Purchaser/Buyer

Email

Accounting Controller

Email

Banking Information

Bank Name _____ Account Number _____

Street Address - Include any unit or suite #'s _____

City _____ State _____ Zip Code _____

Representative _____ Phone Number _____ Fax Number _____

Standard Payment Method: Check ACH/Wire Transfer Credit Card (Net 30 by CC requires pre-authorization)

Trade References: (Please provide additional references as needed on a separate page)

Please consider alerting your trade references that you have listed them as a credit reference and request they respond as quickly as possible. This will allow us to process your application in the shortest time possible.

Company Name _____			Email Address _____		Contact Name _____	
Street Address - Include any unit or suite #'s _____						
City _____	State _____	Zip Code _____	Phone Number _____	Fax Number _____		

Company Name _____			Email Address _____		Contact Name _____	
Street Address - Include any unit or suite #'s _____						
City _____	State _____	Zip Code _____	Phone Number _____	Fax Number _____		

Company Name _____			Email Address _____		Contact Name _____	
Street Address - Include any unit or suite #'s _____						
City _____	State _____	Zip Code _____	Phone Number _____	Fax Number _____		

Authorization and Certification

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your company's bank and trade references and make credit report inquiries regarding your company's credit limits and payment history or other subjective measures of your company's credit worthiness:

Authorized Signature _____ Print Name _____

Title _____ Date _____