## OFI Testing Equipment, Inc.

## **Application for Credit**

(Please Type or Print Legibly)
Application is hereby made for an open credit account with net 30-day terms.

APPLICANT:			
Legal Name of Firm:		Subsidiary of:	
INVOICE ADDRESS:			
Street or PO Box:		Phone Number:	
City/State/Zip: Preferred Method for receiving invoices (circle one): Mail / Email / Both SHIPPING ADDRESS:		Email: Requested Limit:	
City/State/Zip:		Fax Number:	
TYPE OF BUSINESS:			
Check One: Corporation □		nership 🗆	Proprietorship □
Date Established:	Fed. Tax ID No:		Dunn & Bradstreet No
BANK REFERENCE:			
Bank Name:			Type of Acc't:
Address:			Contact:
Phone No:	Fax No:		
TRADE REFERENCES:			
Name:			Email:
Address:	City/State/Zip: _		Acc't/Cust No:
Name:	Phone:		Email:
Address:	City/State/Zip: _		Acc't/Cust No:
Name:	Phone:		Email:
Address:			Acc't/Cust No:
Have you ever filed bankruptcy or reorganization for benefit of creditors?  Have you ever been sued by any person or entity for alleged nonpayment of a debt?  Is your inventory pledged as collateral?  Are your accounts receivables factored or pledged as collateral?  PURCHASING AGENTS:			Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □
Name/Title:	Name/Title:		Name/Title:
Purchase Order Number Required with Or			Sometimes □
The applicant's signature attests financial responsibility and that the ducing OFI Testing Equipment to establish an open account line of source concerning the statements in the application. The applicant cant further agrees to notify OFI Testing Equipment immediately if torney or collection fees plus interest in case of default in paymen when due, the undersigned agrees to pay and authorizes OFI Testing All purchases are deemed made and payment is due at the principle within 30 days following the invoice date. OFI Testing Equipment in tion at any time. The undersigned wishes to apply for credit with O accepted.	credit. OFI Testing Equip at promises to pay for all   i the applicant becomes i its in compliance with ter ing Equipment to bill my/o e place of business of OF reserves the right to withou	ment is hereby authorized to purchases in accordance we insolvent or otherwise unabours. If, at any time, for any pur account service charge of Testing Equipment. For any draw credit immediately or i	o obtain any information it considers necessary from any ith the terms and conditions as stated below. The appli- ele to meet current obligations and to pay reasonable at- reason, the undersigned is unable to pay for purchases in the amount of 1.5% per month on the unpaid balance, by transaction, the undersigned agrees to pay all charges not to extend credit to the undersigned at its sole discre-
Signature of Authorizing Officer:		Date:	Phone No:
Please Print Name:		Title:	Fax No:

Mail / Shipping: 11302 Steeplecrest Dr. Houston, TX 77065 U.S.A.

Tele: (713) 880-9885 or (877) 837-8683 (toll free) Fax: (713) 880-9886 E-Mail: sales@ofite.com