

New Account - Credit Application

Company Name: _____ Date: _____

Billing Address: _____

Accounts Payable contact: _____ Telephone () _____

Shipping Address: _____

Buyer's Name: _____ Telephone: () _____ Fax: () _____

Please check one: Taxable Resale Resale Number: _____

Anticipated monthly fastener purchases \$ _____

We send Invoices, Statements and other information related to your account by E-mail or Fax, please choose your preference below:

E-mail: _____ Fax: _____

REFERENCES

Landlord / Mortgage holder: _____ Telephone: () _____

Address: _____

Bank: _____ Account Number: _____

Bank Telephone: () _____

Trade References:

1. _____ Contact _____

Phone: () _____ Fax: () _____

2. _____ Contact _____

Phone: () _____ Fax: () _____

3. _____ Contact _____

Phone: () _____ Fax: () _____

QUESTIONAIR

Yes, I'm interested in establishing an account. And would like to establish an open line of credit.

I'd like to be serviced regularly by a salesperson. Please have them phone me. Please ask for: _____

I'd prefer not to have a salesperson call on me I would like Customer Service to contact me as I'd like more information.

My current fastener supplier is: _____

I am currently stocking: _____

Type of Clientele: Contractors Industrial (Factories, Manufacturing, etc.) Homeowners

How did you learn about us? _____

INVOICE TERMS & CONDITIONS

2% - 10 day / net 30 from receipt of invoice on approved open line of credit. Invoices not paid in 30 days are subject to a 1 1/2% monthly service charge on the unpaid balance. These service charges are compounded monthly. Any invoices not paid in 60 days or over, COD terms may apply. Any account turned over for collection purchaser will be responsible for balance due plus collection and court fees. Additional terms and policies apply. Please see Grattan's 'Terms and Conditions' in our print catalog or request a copy for more information.

I herby certify with my signature below that the facts contained within this application are true and complete, and I understand all terms and conditions.

Owner's Signature _____ Printed Name _____ Date: _____

Fax To: 626-334-7218 For office use: Account# _____ Salesperson _____ Issued by _____ D.C. _____ C.L. _____ Order Pending: Y / N