

## Credit Application

Thank you for choosing Industrial Logic for your automation needs. Please fill out pages 1 through 3, **sign**, and return to our Accounting Department. Upon receipt of this application, we will process your request to establish a line of credit.

Company Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Business Type \_\_\_\_\_  
Business Established \_\_\_\_\_ (MM/YY) SIC Code \_\_\_\_\_  
Type of organization  Sole Prop.  Partnership  Corporation  
Tax ID or Soc Sec No \_\_\_\_\_  
Owner / Officer \_\_\_\_\_ Title \_\_\_\_\_  
Owner / Officer \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_

## Michigan Sales Tax classification. Please check the appropriate box(s).

- Our company is exempt from Michigan Sales Tax for **ALL** purchases from Industrial Logic due to:
  - Purchases for industrial processing
  - Purchases for resale
- Our company is required to pay Michigan Sales Tax on purchases from Industrial Logic
- Our company has both taxable and nontaxable Michigan purchases from Industrial Logic, and unless specifically notified, should be taxed.
- Interstate Purchases – ***Purchases shipped out of Michigan.*** Purchaser is responsible for Reporting and paying sales tax.
- Other: Reason \_\_\_\_\_

## Invoicing - Choose invoicing method. Invoice can be sent to you e-mail, fax, or U.S. Mail

- E-Mail Address: \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- U.S. Mail



**Terms & Conditions**

**Terms:** Credit terms are net 30 days from date of invoice. Invoices not paid within 30 days of invoice may be assessed a one and one half percent (1 ½%) per month finance charge. An account over 30 days may be placed on a C.O.D. basis and may relinquish their privilege to credit until satisfactory credit is restored. Standard shipping terms are F.O.B. shipping point/factory.

**Acceptance of Order:** Purchase orders must be e-mailed, faxed or mailed. Orders will not be scheduled for shipping without a purchase order number.

**Return of Goods:** Products will not be accepted for return unless accompanied by a proper Return Authorization Number. Any RMA issued will remain open for 30 days. An RMA number must accompany all returns on the outside of the returned package and on all paperwork. For products accepted for return, if applicable, a credit would be issued, less any restocking charges. Restocking charges may vary. Non-standard or special order products are non-returnable. All returns must be in original manufacturers packaging and in resalable condition.

**Warranty:** Warranty is based on manufacturers stated warranty. Warranty does not apply if the product is altered or modified in any way.

**Acceptance:** I / we understand and agree to the information provided, is for the purpose of obtaining merchandise on credit. I / We further understand and agree that all accounts for monies due to Industrial Logic shall be paid in accordance with the credit terms stated above and agree to pay all reasonable costs of collections, addition to any court cost and/or attorney fees incurred. I/We authorize investigation of all credit references listed. This application shall be governed by and construed in accordance with the laws of the State of Michigan, and venue shall lie exclusively in the appropriate court in Kalamazoo County, Michigan.

Company Name \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_  
Authorized Signature

**Guaranty:** I/We, the undersigned, do hereby guarantee payment, as individuals, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all its terms and conditions.

Guarantor: \_\_\_\_\_, Individually  
Owner/President (Print Name)

Guarantor: \_\_\_\_\_ Title: \_\_\_\_\_  
Owner/President Signature

**This form was completed by:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_



**Trade References**

Please provide four trade references and **include fax numbers**. Thank you.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Please fax all pages to Industrial Logic's Accounting Department  
at  
877-450-4460**

Thank you