



616 Industrial Road
 Frankfort, KY 40601
 Phone 800.666.9938
 Fax 502-695-0777
 sales@awpind.com
 www.awpind.com

AWP Industries, Inc.

Credit Application (Page 1 of 2)

The following information is given in confidence to AWP Industries, Inc., to secure the granting of credit to purchase materials and/or services from AWP Industries, Inc. Approval is given to AWP Industries, Inc. to verify all information given of applicant.

Company Name: _____

Bill to Address: _____

A/P Contact Name: _____ Phone: _____ - _____ FAX: _____ - _____

Year Established: _____ No. of Employees: _____ D&B Number: _____

Type of Business: _____

Proprietorship (Check One) Partnership Corporation Other

Federal I.D. Number: _____

IF NOT A CORPORATION, PLEASE LIST PRINCIPAL OWNER(S):

Name(s)/Title(s): _____

Are Purchase Orders Required? _____ (Specific billing instructions must be on P.O.)

List Authorized Buyers: _____

Tax Exempt No.: _____ **** (If Kentucky business, please submit resale certificate.)**

Trade References: (You may use a supplemental sheet, but Page 2 must be signed.)

1) Name/Address: _____
 Phone: _____ - _____ FAX: _____ - _____

2) Name/Address: _____
 Phone: _____ - _____ FAX: _____ - _____

3) Name/Address: _____
 Phone: _____ - _____ FAX: _____ - _____

4) Name/Address: _____
 Phone: _____ - _____ FAX: _____ - _____

Bank Account:

Name/Address: _____

Phone: _____ - _____ FAX: _____ - _____

Bank Officer: _____

Account Number: _____ Account Type: _____



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GENERAL CONDITIONS OF SALE

1. The undersigned certifies that the information provided here is correct, that it is submitted for the purpose of obtaining credit, and agrees to all of the following terms and conditions of sale of AWP Industries, Inc.
2. **PAYMENT TERMS:** Net 30 days from the invoice date. Any other payment terms must be agreed upon by the Controller. Accounts over 45 days old are initially phoned. Any account over 60 days past due will be placed on credit hold. No statement of account will be mailed.
3. Should it become necessary to place this account for collection, suit or other legal proceeding, the business on this application agrees to pay all costs and expenses of collection, suit or other legal action, including a reasonable attorney's fee and, if necessary, appellate fee.
4. The business on the application hereby waives any and all privileges and rights which they may have under _____ State statutes, relating to venue, as it now exists or may hereafter be amended and further agrees that any legal action brought for collection of past due accounts may be brought in the appropriate court in Franklin County, Frankfort, KY.
5. No returns will be accepted without a return authorization number.
6. The customer warrants that any extension of credit or business dealing is based strictly upon presentations, as set forth herein, in the Credit Application and the reliance upon same by company to extend such credit.

FOR YOUR RECORDS

REMITTANCE ADDRESS:	LOCK BOX 633368, CINCINNATI, OH 45263-3368
	Remittance to any other address may delay your payment being posted for five (5) days.
PURCHASE ORDER/MAILING/SHIP TO ADDRESS:	616 INDUSTRIAL ROAD, FRANKFORT, KY 40601
PHONE: (800) 666-9938 OR (502) 695-0070	FAX: (502) 695-0777
FEDERAL I.D. NUMBER	61-1181463 (EXEMPT FROM 1099)
DUN & BRADSTREET NUMBER	61-332-4763

Authorized Signature: _____
 Title: _____
 Date: _____

PLEASE SIGN, COMPLETE, AND RETURN VIA FAX.