



CONVEYORS & DRIVES, INC.

1850C MacArthur Blvd., N.W., Atlanta, Georgia 30318

Telephone: (404) 355-1511

Fax: (404) 355-1944

CONFIDENTIAL CREDIT APPLICATION

DATE: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

OWNERS/KEY MANAGEMENT

TITLE

FEDERAL I.D. NUMBER: _____ SIC CODE: _____

INDIVIDUAL SS NUMBER: _____ Annual Sales: _____

TYPE OF BUSINESS: _____ DATE ESTABLISHED: _____

TYPE OF ENTITY: PROPRIETORSHIP _____ CORPORATION _____

YEAR INCORPORATED _____

ACCTS. PAYABLE CONTACT: _____ PHONE: _____

Invoices will be e-mailed, please provide e-mail address: E-mail address: _____

Would you prefer your invoices be mailed to you: Y _____ N _____

BANK: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

BUSINESS/TRADE REFERENCES

COMPANY: _____

PHONE: _____ FAX: _____ E-MAIL: _____

COMPANY: _____

PHONE: _____ FAX: _____ E-MAIL: _____

COMPANY: _____

PHONE: _____ FAX: _____ E-MAIL: _____

ESTIMATED MONTHLY PURCHASES: _____ CREDIT LINE REQ.: _____

CONVEYORS AND DRIVES RESERVES THE RIGHT TO DETERMINE PAYMENT TERMS BASED ON CREDIT WORTHINESS. ALL INVOICES ARE TO BE PAID WITHIN TERMS FROM THE DATE OF THE INVOICE.

CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN (7) SEVEN WORKING DAYS.

BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE CONVEYORS AND DRIVES TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.

APPLICANTS SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGESS TO PAY OUR INVOICES IN ACCORDANCE WITH CONVEYORS AND DRIVES PAYMENT TERMS.

SIGNATURE: _____ DATE: _____

TITLE: _____