

Company Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Telephone

_____ Fax # _____ E-Mail _____

Business Type: ___ Sole proprietorship ___ Partnership ___ Corporation - In State of _____

Number of years in business _____

Name and Address of Individuals or Partners - Name/Title/Phone Number of Corporate Officers:

Name of Person to Contact Regarding Purchase Orders and Invoice Payments, Title, Address and Phone Number:

Bank References:

Trade References: Company Name, Address, Contact and Title, Phone and Fax Numbers

I/We certify that the above information is true and correct and authorize you to verify this information and/or obtain additional information through contact with the above named or by securing data from a credit reporting agency. I/We agree to pay this account in accordance with S. R. Sloan, Inc. credit terms to include payment of finance charges on past due invoice amounts, and payment of collection charges, attorney fees and court costs incurred in any efforts to enforce payment of sums due by the company or to collect the same. The validation, interpretation and performance of these terms and conditions shall be governed by the laws of the State of New York. Any disputes shall be settled in Oneida County. Further, The business entity and I, personally and in my individual capacity, will each be liable for all charges, fees, and finance charges on all of the accounts issued pursuant to this request or any future requests to add additional accounts. The undersigned agrees to bind himself individually as well as in any corporate capacity.

Terms are net 10 days after date of invoice. Finance charges of 2% per month are charged on amounts over 30 days.

Signed: _____ individually and as (Title)
_____ of Corporation.

Date: _____