

CREDIT APPLICATION

10507 Ella Blvd Suite #100, Houston, TX 77038 Attn: Credit Department Phone: (713) 741-8127 E-mail: AR@pssigroup.com

Salesperson Name: _____

Branch Location:

COMPANY INFORMATION

| Company Name: | | | |
|---------------------------|--------|---------------|--|
| Phone: | Email: | Fax: | |
| Billing Address: | | | |
| Shipping Address: | | | |
| Type of Business Service: | : | Date Started: | |
| Federal I.D.#: | | | |

CREDIT INFORMATION

| Credit Amount Requested: ^{\$} | (required) | | | |
|---|---------------------------|--|--|--|
| Are items Exempt from Sales Tax? | _ Number: | | | |
| Please attach a completed Exemption / Resale Certificate if Applicable. | | | | |
| Purchase Orders Required? | | | | |
| We accept ACH payments Proof of Delivery Required? | | | | |
| Delivery of Invoice: | _ Name of Billing Portal: | | | |
| AP Contact: AP Phone:_ | AP Email: | | | |
| PSS INDUSTRIAL GROUP | AIRTECH SERVICE & SUPPLY | | | |





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PORTA







OWNERS, MEMBERS, PARTNERS, AND / OR OFFICERS

| Name: | _ Address: | | | |
|---|----------------------|--|--|--|
| Title: | _ Phone: | | | |
| Type of Business: | Explain if "Other": | | | |
| Are Financial Statements available?: | | | | |
| References (attached company trade information acceptable): | | | | |
| Bank Name: | _ Address: | | | |
| Checking Account #: | _ Savings Account #: | | | |
| Contact: Phor | ne: Email: | | | |
| | | | | |

TRADE REFERENCES

| 1. Company Name: | | _ Address: _ | |
|------------------|----------|--------------|----------|
| Contact: | _Phone: | | _ Email: |
| 2. Company Name: | | _ Address: _ | |
| Contact: | _Phone: | | Email: |
| 3. Company Name: | | _ Address: _ | |
| Contact: | _ Phone: | | _ Email: |





TERMS & CONDITIONS OF OPEN ACCOUNT

Please Read Carefully

All invoices are due in full 30 days from the date of invoice. Past due accounts will be charged a finance charge at the periodic percentage rate of 1 ½% per month which is an annual percentage rate of 18% or a periodic rate, both before and after judgment, and continuing each month until paid. No terms or conditions hereof may be charged, except by the written consent of Pipeline Supply & Service, LLC. All sums due for goods and / or services purchased by, for, or on behalf of the undersigned are payable to Pipeline Supply & Service, LLC at P.O. Box 74321, Cleveland, OH, 44194-4321.

The undersigned warrants that he / she has authority to execute this Open Account Agreement and to bind said company to the terms contained here.

I / We understand, acknowledge, and accept Pipeline Supply & Service, LLC terms of sale and certify that the information given herein is true and correct.

I / We hereby authorize you or your agent/representatives to secure a credit report and agree to the released of credit information. This authorization shall be continuing without expiration and a photocopy or fax company shall be given the same effect as the original.

| Company Name: | Date: |
|---------------|--------|
| Signed: | Title: |

Print Name: _

GUARANTEE

The undersigned does hereby personally guaranty payment of the above account contract to the Seller and hereby waives notice of any extension of terms of our default by the purchaser signed above.

| Seller: | X Buyer Signs: Address: |
|---------|----------------------------|
| Ву: | X Buyer Signs: Address: |

