

GMR Fire Protection Connect-O-Flow Products

Credit Application

Note: If you are requesting a credit line of \$5000 or more, please include your most recent financial statement with this application.

General Information

| | | |
|--------------------------|-----------|--------------------------|
| Full Legal Business Name | | |
| Address | | |
| City, State, Zip Code | | |
| Phone | Fax | Website |
| Date Started | D & B No. | Resale or Tax Exempt No. |

Ownership

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | | | |
| <input type="checkbox"/> Other _____ | | | |
| Name • Home Address • Phone No. of Owner(s), Partners, or Principal Shareholders | | | |
| | | | |
| | | | |
| | | | |

Trade References — Please provide at least 3

| Supplier Name | Address | Phone | Fax |
|---------------|---------|-------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Bank Reference

| | | |
|---------------------------------|-------|-----|
| Name of Bank & Branch | | |
| Address • City, State, Zip Code | | |
| Acct. No. | Phone | Fax |

Miscellaneous

| | |
|-----------------------|-------------------------------|
| Credit Line Requested | Accounts Payable Contact |
| Purchasing Agent | Do You Require Written P.O.s? |

Terms & Conditions of Credit Sales

1. Invoices are strictly net 30 days from date of invoice.
2. A service charge not to exceed 1½% per month (18% per annum) or the maximum lawful amount in your state will be charged on all past due accounts.
3. In the event a past due account is referred for collection to an agency or attorney, the undersigned will pay all costs of collection, including a reasonable attorney's fee.
4. The undersigned shall bear all risk of loss on merchandise purchased following delivery to you by the carrier, whether the merchandise is shipped prepaid or collect.
5. Any special terms must be approved in writing by an officer of GMR International Equipment Corporation.
6. No shipments will be made to any account having a past due balance.
7. Accounts will be monitored on a regular basis. Credit privileges may be restricted or withdrawn on accounts that are regularly or consistently in arrears.
8. Payments must reach our office by the "due date" indicated on the invoice. Payments that do not reach our office by that date are considered past due; we therefore ask your cooperation in scheduling your remittances accordingly.

Applicant's Certification & Authorization

I hereby certify that the above information, as furnished by me, is true and correct to my knowledge. I also certify that I have read and understand all terms for credit sales and agree to them. My signature below is my authorization to our bank to release credit information on the bank account number (shown above) to GMR International Equipment Corporation.

| | |
|------------|-------|
| Print Name | Title |
| Signature | Date |

Return Completed Application To:

GMR International Equipment Corporation • 18436 Bandilier Circle
Fountain Valley, CA 92708 • Tel. 714.968.0105 • Fax 714.968.0159

| | |
|--|--|
| Do Not Complete — For Office Use Only | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Declined Credit Guideline \$ _____ |
| Approved By _____ | Date _____ |