



Commercial Air Filtration
Sales and Service

Filtera
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Stafford, Texas 77477-3948

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APPLICATION FOR COMMERCIAL CREDIT

APPLICANT

Company Name	Contact Person and Title
Address (number, street, suite)	Name of Principal and Title
Address (city, state, zip)	Phone (area code and number)
Mail Address (number, street, zip)	Fax (area code and number)
Mail Address (city, state, zip)	Email
Primary Business Activity	Date Business Established
Organizational Type (corporation, partnership, proprietorship, etc.)	DUNS Number (Dun & Bradstreet)
Federal Tax ID Number for Business	Approximate Annual Sales (in U.S. dollars)

BANK REFERENCE

Bank Name	Bank Officer's Name
Address (number, street, suite)	Phone (area code and number)
Address (city, state, zip)	Fax (area code and number)
Account Number and Account Type (checking, saving, etc.)	Bank Officer's Email
Account Number and Account Type (checking, saving, etc.)	

COMMERCIAL CREDIT REFERENCES *(please list three supplier trade references)*

Name	Contact Name
Address (number, street, suite)	Phone (area code and number)
Address (city, state, zip)	Fax (area code and number)

Filtera

_____ Name	_____ Contact Name
_____ Address (number, street, suite)	_____ Phone (area code and number)
_____ Address (city, state, zip)	_____ Fax (area code and number)
_____ Name	_____ Contact Name
_____ Address (number, street, suite)	_____ Phone (area code and number)
_____ Address (city, state, zip)	_____ Fax (area code and number)

AGREEMENT

This application is for the purpose of obtaining COMMERCIAL CREDIT and is warranted by Applicant to be true, correct, and complete in all respects. Filtera (Company) is hereby authorized to investigate the references listed, and obtain additional credit information from third parties (including but not limited to credit reporting agencies). Applicant has received and agrees to the terms and conditions detailed in the Filtera Statement of Business Policy. Company may amend this Statement of Business Policy from time to time, with a current version provided to applicant upon request.

Upon credit approval, Applicant agrees to payment terms of NET 30 DAYS. Any past due invoice is subject to a charge of 1 ½% per month (18% annual rate), plus all costs of collection, including but not limited to attorney fees if collection becomes necessary. Invoices 15 days past due will result in orders being placed on hold pending account payment to a current basis. Applicant warrants that Applicant is not currently under the jurisdiction of a bankruptcy court. Applicant agrees to immediately notify Company in writing should Applicant initiate bankruptcy proceedings, or have any significant change in business operations or ownership.

The below named signatory represents that he/she is an owner, or officer of Applicant, and that he/she is duly authorized by Applicant to bind Applicant to the terms of this Agreement. In the event that Applicant defaults on this Agreement, the signatory to this Agreement represents and warrants that he/she will be personally responsible and liable for immediate payment in full, upon demand, of all amounts due including any interest charges and costs of collection.

_____ Authorized Signature (for Applicant)	_____ Title	_____ Date
_____ Printed Name of Signatory		