APPLICATION FOR CREDIT

Abrasives & Equipment of Arizona, Inc.
4279 South Santa Rita Avenue
Tucson, Arizona 85714
Office 520-889-5644 • Fax 520-889-5669
info@abrasivesandequipment.com • www.abrasivesandequipment.com

Full Name of Applicant _____

Mailing Address_____
(Including City, State, & Zip Code)

Physical (Shipping) Address _____
(Including City, State, & Zip Code)

County _____ Phone ( ) _____ Fax ( ) _____

Email: _____ Website: _____

Tax Exempt #:_____ Federal ID #:_____

Incorporated Under Laws of State of _____ Date: _____ County of Registered Agent: _____

Officers _____ _____ Registered Agent:_____
President Secretary

Primary Business Engaged In:
_____

Three Trade References (Complete name, address, & phone number)

1. _____

2. _____

3. _____

Upon approval of this credit application, Abrasives & Equipment of Arizona, Inc. ("A&E") agrees to extend credit, subject to the terms contained herein, to the undersigned to be used for the purchase of goods and services from A&E. Unless otherwise agreed in writing by A&E, the terms of all credit accounts are NET30 days from the date of invoice. Upon failure of the undersigned to meet the terms of this agreement, A&E expressly reserves the right to suspend or terminate any credit relationship.

In consideration of the granting of credit privilege applied for, the undersigned hereby agrees to pay all amounts due to A&E for freight, demurrage, or materials on or prior to thirty (30) days from the date of invoice. The undersigned agrees that interest will accrue at the rate of one and one half percent per month (18% per annum) on the unpaid balance of any past due account. The undersigned further agrees that it shall be liable for attorney's fees at the rate of fifteen percent of the principal and interest owed on any past due account if legal services are necessary for collection of any indebtedness due under this credit agreement. The account will also be secured by the valid credit card information below. This agreement also grants A&E the right to use the credit card on file for any outstanding balance due over 60 days. Upon failure to maintain valid credit card information, A&E expressly reserves the right to suspend or terminate any credit relationship.

Credit Card Type: ___ VISA ___ MasterCard ___ AMEX Account Number:_____
Expiration Date: _____ 20___ Verification Number (For security - on front or back of card) _____
Card's Billing Address:_____
Name as it Appears on Card: _____

X_____ X_____
(Signature of Company Applying For Credit) (Signature A&E Officer)

By:_____ Date:_____ By:_____ Date:_____
(Print Name of Signed Above) (Printed Name of A&E Officer)