



**CONNECT-AIR**  
**GENUINE CABLE GROUP**  
 18405 72nd Avenue SO  
 Kent, WA 98032  
 Phone: 253-813-5599 Fax: 253-813-2801



[www.connect-air.com](http://www.connect-air.com)  
[credit@connect-air.com](mailto:credit@connect-air.com)

Servicing Growth & Optimizing Synergies in the Wire & Cable Market

## CREDIT AGREEMENT

### Company Information

Legal Customer Name: \_\_\_\_\_ Trade/DBA Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

### Business Profile

Organization Type: Corp-Public    Corp-Private    LLC    Govt Agency    Proprietorship/Partnership

Year Established: \_\_\_\_\_ State/Province of Incorporation: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Parent Company Name: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Style of Business: \_\_\_\_\_ Subsidiary \_\_\_\_\_ Division \_\_\_\_\_ N/A \_\_\_\_\_

### Accounts Payable Information

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Do you prefer to receive invoices by email?

YES    NO    If yes, email address for Invoices: \_\_\_\_\_

### Purchasing Information

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Tax Information

Federal Tax ID#: \_\_\_\_\_

Will your purchases be taxable?    YES    NO    If no, please provide any and all Tax Exempt and/or Resale certifications. Genuine Cable Group files sales tax in US and Canada. Failure to provide sufficient documentation on all places we ship to will result in sales tax being charged. Copies of certificates must be on file with our company in order for them to be valid.

## Bank Information

Bank Name: \_\_\_\_\_ Branch Location: \_\_\_\_\_ Acct# \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Trade Credit References

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate anticipated monthly purchases from Connect-Air/Genuine Cable Group: \$ \_\_\_\_\_

Confidential Financial Statements are greatly appreciated.

## Business Credit Terms

Individual(s) and/or business named above (the "Applicant") applies for credit with Connect-Air, Genuine Cable Group, (the "Creditor"). Applicant authorizes Creditor to make any and all inquiries necessary for action on this credit application. Sole Proprietors/Partners hereby consent to the use of non-business consumer credit reports. **Applicant's signature attests financial responsibility, ability and willingness to pay Creditor invoices in accordance with the terms stated on each invoice.** It is agreed and understood that the Applicant will be responsible to notify the Creditor if there are any changes in the Applicant's ability to pay. Applicant authorizes and consents to Creditor processing their payments electronically (EFT) at Creditor's election. Directing us to start work or order materials on Applicant's behalf constitutes an acceptance of our Terms and Conditions, and those shall always be the governing terms. Terms on a subsequent purchase order that differ from Creditor's terms will not be valid. The undersigned individual certifies that he/she is authorized to complete the application on behalf of the Applicant and Applicant agrees to be bound by all the terms and conditions contained in this application. A late payment charge equal to the maximum amount by state law, not to exceed 1.5% per month may be imposed on delinquent invoices. In the event the account becomes delinquent, the Applicant waives the right to a jury trial and agrees to pay all collection costs and fees, including reasonable attorney's fees. Venue and jurisdiction of any legal action may lie either in the county and state of the Creditor's nearest branch office or the county of Creditor's corporate office at the sole option of the Creditor. Applicant certifies that the above information provided is true and accurate to the best of their knowledge and further agrees that a facsimile transmission of this Application to Creditor shall be as binding as that of an original signature.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_