



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



www.connect-air.com
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 _____