



APPLICATION FOR CREDIT

Company Name _____ Credit Limit Requested \$ _____

Bill-to _____ City _____ State _____ Zip _____

Ship-to Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Web Site _____

Principal Officer Name _____ Title _____

Principal Officer Name _____ Title _____

Corporation _____ Partnership _____ Sole Proprietor _____ Years in Business _____ Years at Present Address _____

No. of Employees _____ Est. annual sales \$ _____

Fla Resale Tax Certificate # _____ (Please provide copy of Resale Tax Certificate)

Type of Business _____ Mortgage Holder/Landlord _____

Address _____ Phone _____ Fax _____

Do You Require P.O.? Yes _____ No _____ Person Requesting Credit _____

Bank _____ Contact Name & E-mail _____

Address _____ City _____ State _____ Zip _____

Account # _____ Phone _____ Fax _____

Trade Reference Company Name _____ E-mail _____

Address _____

Phone _____ Fax _____ Account # _____

Trade Reference Company Name _____ E-mail _____

Address _____

Phone _____ Fax _____ Account # _____

Trade Reference Company Name _____ E-mail _____

Address _____

Phone _____ Fax _____ Account # _____

Trade Reference Company Name _____ E-mail _____

Address _____

Phone _____ Fax _____ Account # _____

Has the firm or any of its principals ever been bankrupt? Yes _____ No _____
If yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed, (Net 30 from date of invoice, payments must be in U.S. funds, drawn on a U.S. bank), and agrees to pay a service charge per month of 1.5%, (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

You agree that you are taking responsibility for taxes in your state, all purchases are for resale purposes, and your tax certificate listed below is valid.

Florida Resale Tax Certificate # _____
(Send copy Certificate if applicable)

This authorizes release of information to Select Engineered Systems, Inc.

Signature of Principal _____ Title _____

Print Name _____ Date _____

S.E.S. USE ONLY CREDIT LINE \$ _____ APPROVED BY _____ DATE _____

7991 W. 26TH AVE. HIALEAH, FL 33016
Phone 800-342-5737, Fax 305-825-3367, Email sales@selectses.com