3784 W. 11 Mile Rd.
Berkley, MI, 48072
800.435.5868/248.548.5211

CREDIT APPLICATION

Nu-Tech appreciates the opportunity to supply you with our products and equipment. In order to avoid delays in shipments or the need to ship products C.O.D., Nu-Tech will extend terms of net 30 days to qualified customers. If you wish to open a 30 day account, simply complete this application and return it to our office or Fax to 248.548.5454. Until approval is received, all purchases will be shipped C.O.D., VISA/MC/Discover. Shipments made C.O.D. to you are not an inconvenience to us, we are just making Open Credit available to you.

NOTE: CREDIT APPLICATIONS NOT COMPLETED IN FULL & SIGNED WILL BE RETURNED UNPROCESSED.

YOUR COMPANY NAME: _____ **DATE:** _____
ADDRESS: _____ **CITY:** _____
STATE: _____ **ZIP:** _____ **PHONE:** _____ **FAX:** _____
TYPE OF BUSINESS: _____ **YEAR ESTABLISHED:** _____
TAX EXEMPT #: _____ **FEIN #:** _____
RESALE # (PLEASE FURNISH COPY OF CERT) _____
D-U-N-S #: _____ ACCOUNTS PAYABLE EMAIL: _____

Owner/Officer Info: (circle one): CORPORATION PARTNERSHIP PROPRIETORSHIP
NAME: _____ SOCIAL SECURITY #: _____
STREET: _____ CITY: _____ STATE:____ ZIP:_____
PHONE: ( )_____-_____ FAX: ( )_____-_____
NAME: _____ SOCIAL SECURITY #: _____
STREET: _____ CITY: _____ STATE:____ ZIP:_____
PHONE: ( )_____-_____ FAX: ( )_____-_____ YEARS UNDER CURRENT MANAGEMENT: _____

TRADE REFERENCES (companies that extend you net terms):
COMPANY: _____ ACCOUNT #:_____
STREET: _____ CITY: _____ STATE:____ ZIP:_____
PHONE: ( )_____-_____ FAX: ( )_____-_____
COMPANY: _____ ACCOUNT #:_____
STREET: _____ CITY: _____ STATE:____ ZIP:_____
PHONE: ( )_____-_____ FAX: ( )_____-_____
COMPANY: _____ ACCOUNT #:_____
STREET: _____ CITY: _____ STATE:____ ZIP:_____
PHONE: ( )_____-_____ FAX: ( )_____-_____

BANK REFERENCE:
NAME: _____ ACCOUNT #:_____ CONTACT:_____
STREET: _____ CITY: _____ STATE:____ ZIP:_____
PHONE: ( )_____-_____ FAX: ( )_____-_____ EMAIL:_____

RETURN BY FAX: 248.548.5454

I hereby certify that I am duly authorized to make this application and allow verification of the above information. I guarantee payment of all bills when due, and acknowledge a delinquency assessment at the maximum allowable interest rate by law until paid; and in the event the account is placed with an attorney for collection or suit of the same is collected through probate or bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorney's fees. It is understood and agreed that any checks returned to us by your bank shall be charged a service fee; that any account with an N.S.F. check shall be placed on a C.O.D. cash only basis for a probationary period and determined by the Credit Department. This guarantee shall be continuing, absolute and unconditional, and shall remain in full force and effect until written notice of its discontinuance is sent by certified or registered mail, return receipt requested an dactually received by Nu-Tech and until any and all indebtedness existing before receipt of such notice shall be fully paid.

NAME _____SIGNATURE _____ _____DATE_____