

NORTHEAST BATTERY

240 WASHINGTON STREET - AUBURN, MA 01501-3225

PHONE: 508-832-2700 FAX: 508-832-2706

Rev. July-2010

CUSTOMER CREDIT APPLICATION (please print legibly or type)

Company Bill-To Name: _____

Bill-To Address: _____

Primary Ship-To Name /
Address (if different) _____

Phone: _____ Fax _____ A/P Contact: _____ A/P
Phone: _____

Purchase Orders Required? Yes _____ No _____ Est. Monthly Purchase \$ _____

EMAIL-1: _____ EMAIL-2: _____

Website Address: _____

Please include a signed sales tax exemption certificate for each state to which you expect orders to be shipped.

LIST FOUR CURRENT TRADE REFERENCES WHOM WE MAY CONTACT

Reference Name	City & State	FAX # (Req'd)	Phone #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
Bank Name _____	ACCT # _____	Phone _____	
Bank Address _____	_____	Fax # _____	_____
_____	_____	_____	_____
Requested Payment Terms:	<input type="checkbox"/> Net 30	<input type="checkbox"/> COD	<input type="checkbox"/> Credit Card <input type="checkbox"/> Other (explain)

TERMS: ALL ORDERS ARE PAYABLE WITHIN THIRTY DAYS FROM THE DATE OF INVOICE

A service charge of one and one-half percent (1-1/2%) per month (min. \$1.00) is assessed on accounts not paid by the due date. In case of failure on your part to make payment as required, you agree to pay for all costs of collection, including all legal fees.

In consideration of the extension of credit to the above named business entity, the undersigned principals, jointly and severally, and personally, guarantee payment of the open account extended to the above named business entity. For any charges imposed hereafter on the open account extended to the above named business entity not promptly paid, in addition to the balance due on the open account: 1) we shall pay interest at the rate of 1.5% per month upon the unpaid balance, and 2) we agree to pay all costs of collection, including reasonable attorney fees in the event legal action is undertaken for the collection of any sums due on such account. The signature below authorizes the above references to release credit information to Northeast Battery.

TO BE SIGNED BY PRINCIPALS OF THE COMPANY

Signature _____	Printed Name _____	Date _____
Signature _____	Printed Name _____	Date _____

Northeast Battery Office Use:

CD _____ AC _____ OT _____ DC _____ FOB _____ CONTR _____ TAXABLE? _____
W/H _____ SLSPSN _____ DATE _____ CT _____ CPT _____ DEF _____ CL _____

Submitted by: _____ Credit Mgr: _____ GM/CFO: _____