

Winstel Controls Inc.

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Cincinnati, OH 45214
Phone (513) 251-4343
Fax (513) 251-4388

208 North B Street
Hamilton, OH 45013
Phone 513-863-8600
Fax 513-863-3462

APPLICATION FOR CREDIT

www.winstelcontrols.com

GENERAL INFORMATION:

COMPANY _____ PHONE _____

BILLING ADDRESS _____ FAX _____

EMAIL _____

SHIPPING ADDRESS _____

NATURE OF BUSINESS _____

SALES TAX: () EXEMPT (Please attach certificate)
() NOT EXEMPT

() CORPORATION () PARTNERSHIP () SOLE PROPRIETORSHIP () L.L.C.

DO YOU REQUIRE A P.O. #? () YES () NO

FOR CORPORATION OR LLC, THIS SECTION MUST BE COMPLETED:

DATE & STATE OF INC. _____

FEDERAL TAX I.D. # _____

NAME _____

TITLE _____

NAME _____

TITLE _____

FOR PARTNERSHIP OR SOLE PROPRIETORSHIP, THIS SECTION MUST BE COMPLETED:

OWNER _____

SOCIAL SECURITY # _____

HOME ADDRESS _____

HOME PHONE _____

(For partnership, please use extra paper for other partner's info)

TRADE / BANK REFERENCES:

FIRM _____

FIRM _____

PHONE _____ FAX _____

PHONE _____ FAX _____

ACCT # _____ CONTACT _____

ACCT # _____ CONTACT _____

FIRM _____

BANK _____

PHONE _____ FAX _____

PHONE _____ FAX _____

ACCT # _____ CONTACT _____

ACCT # _____ CONTACT _____

TERMS OF SALE:

I/we agree to pay according to Winstel Control Co.'s (Seller) terms of Net 30 Days, and agree that should applicant's account become past due, applicant agrees to pay service charges of 1 1/2% per month. In addition, should applicant's account be placed for collection, applicant agrees to pay reasonable collection costs and/or attorney fees.

I/we authorize the Seller to obtain reports to be used in connection with this application, and to obtain further credit information from any of the persons or firms set forth in this application, and from any other source now and at any time it deems necessary to update its credit files.

I/we agree that a new application may be required if the account remains inactive for more than 1 year.

I hereby certify that the above information is true and correct, and I agree to pay my account according to the terms and conditions referenced above

SIGNATURE OF APPLICANT _____ DATE _____

PRINT NAME OF ABOVE _____ TITLE _____