UNITED AUTOMATION, INC. 1491 N. KEALY SUITE 4, LEWISVILLE, TX 75057 * PH. 972-420-1123 * FAX 972-420-1103

CREDIT APPLICATION

Company Name						
DBA / Alt. Name						
Main Phone	Fax	Email				
Company Bill to Information						
Address						
Address Line 2						
City		State	ZIP Code			
A/P Contact						
A/P Phone	Fax	Email				
To receive your invoices via email only, please provide the email address below:						
Email for Invoice Transmittal:						
Company Ship to Information						
Address						
Address Line 2						
City		State	ZIP Code			
Contact						
Phone	Fax	Email				
Type of Business: Corporation	Sole Proprieto	rship Partne	rship	Other		
Federal Tax ID or SSN	State	e of Incorporation	(if applicabl	le)		
Date Established	No. of Employees	Credit Limi	t Requeste	d		
Name and title of Corporate Officers, Partners or Owner as applicable:						
SALES TAX STATUS: Taxa	able Tax	Exempt				
IF SALES TAX EXEMPTION IS CLAIMED <u>YOU MUST PROVIDE A COPY</u> OF EITHER A VALID						
Resale Certificate OR Sales To	x Exemption Certif	icate.				
Have you ever had open credi	t with United Autor	nation, Inc.?	YES	NO		
If YES - Name of previous acco	unt:	Date of las	t purchase:			
Does your company require P	urchase Orders?		YES	NO		
Authorized Buyers:						
Types of products you wish to purchase:						

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TRADE REFERENCES

1. Company Name						
Contact		Acct. No.				
Address						
City		State	ZIP Code			
Phone	Fax	Email				
2. Company Name						
Contact		Acct. No.				
Address						
City		State	ZIP Code			
Phone	Fax	Email				
3. Company Name						
Contact		Acct. No.				
Address						
City		State	ZIP Code			
Phone	Fax	Email				
4. Company Name						
Contact	Acct. No.					
Address						
City		State	ZIP Code			
Phone	Fax	Email				
BANK REFERENCE						
Bank Name						
Contact						
Address						
City		State	ZIP Code			
Phone	Fax					
Type of Account	Account Number					

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I represent by my signature below, that the above information is true and has been given to induce UNITED AUTOMATION, INC. to extend credit to the applicant. My company and I authorize UNITED AUTOMATION, INC. to make such credit investigation as UNITED AUTOMATION, INC. sees fit, including contacting the above Trade References, Bank Reference and credit reporting agencies to obtain any and all information concerning the financial and credit history of my company and myself.

GENERAL TERMS AND CONDITIONS:

Invoices are sent at time of shipment. Terms are NET 30 days from invoice. Invoices not paid within 30 days from invoice date are considered past due. A service charge of 2% per month will be added for all past due invoices. Should your account become past due and require third party involvement, you agree to pay interest, collection fees, legal fees (including court costs and attorney fees). Full terms of sale can be found on our website at:

https://www.automation-dfw.com/pdf_companyinfo/UAI Distributor Terms of Sale.pdf I have read and agree to the terms and conditions stated above:

SIGNATURE OF AUTHORIZED OFFICER:					
PRINTED NAME:					
TITLE:	DATE:				
********	****************************				
Please return signed application with a	any attachments				
by fax to Attn: Credit Dept. at f	ax number 972-420-1103				
or by e-mail to uaacct@automa	ation-dfw.com.				
Note: Credit will not be extended to past due a	accounts unless satisfactory payment arrangements are made with our Credit				
INTERNAL USE ONLY: NOTES:					
APPROVED BY:	CREDIT LIMIT:				