

IRTRONIX, INC

635 HAWAII AVE., TORRANCE, CA 90503
TEL:310.787.1100 FAX:310.787.1166

Customer Credit Application

Company: _____ Date: _____

A/P DEPT contact name & email address: _____ **Direct phone number:** _____

(Please fill out above information.)

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Federal Tax ID: _____ Dun&Bradstreet# _____

SIC code: _____ Business Type: Corp: LLC: LP: Partnership: Sole Prop.: _____

Resale Certification# _____

Bank Information

Name: _____

Address: _____

Date Opened: _____ Average Balance: _____

Account number#: _____ Contact person: _____

Tel: _____ Fax: _____

Trade Reference:

Vendor Name: _____ Fax: _____ :

Address: _____ :

Contact Name: _____ Phone Number: _____ :

Vendor Name: _____ Fax: _____ :

Address: _____ :

Contact Name: _____ Phone Number: _____ :

Vendor Name: _____ Fax: _____ :

Address: _____ :

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Credit Policy:

Initial Payment Term is Net 15-30 days from date of invoice. Credit Line for the first transaction is up to \$10,000 depending on our trade reference review. All delinquent accounts that remain unpaid beyond 5 days past the payment due date will be subject to a Credit Hold and placed on COD, T/T advance or C/Card terms. After 3 times attempting to collect a past due amount, the account will be handed over to collection agency if not resolved. While the account is on Credit Hold, no orders will be processed until past due invoices are paid. Accounts consistently on Credit Hold or over 30 days past due will be placed on permanent COD / credit card payment terms.

Agreement:

We authorize IRTronix, Inc. to investigate references therein, statements, or other data obtained from us or from any other person pertinent to our credit and financial responsibility.

We agree to honor the payment terms as stated in the above Credit Policy and guarantee to pay all amounts when due. We also agree to pay all interest charges in accordance with the credit policy should the account become delinquent.

Signature

Printed Name

Date

PLEASE FAX BACK APPLICATION TO 1.310.787.1166

Alice Kim
Credit Department