



CREDIT APPLICATION

(Please fill out completely)

P.O. Required? _____

Applicant(s): _____ Date ____/____/____

Business name (if other than Applicant) _____

Street Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Type of Business: _____ Date Established ____/____/____

Business Operates as : Corporation _____ Partnership _____ Sole Proprietorship _____

Limited Liability Company _____

Business Telephone: (____) _____ Home Telephone:(____) _____

NAME AND ADDRESS OF PRINCIPAL OWNERS OR OFFICERS:

Name _____ Title _____

SS# _____ DOB ____/____/____

Home Address _____

Name _____ Title _____

SS# _____ DOB ____/____/____

Home Address _____

Have you ever had business dealings with eCompressedair before? If so, when?

FINANCIAL INFORMATION: (Note: Please attach a copy of your current financial statement. If you do not have one, please advise and we will furnish you with a form.)



Date: _____

Has Applicant or any of its owners, principals, partners, officers or directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors?

NO _____ YES _____

Date(s) _____ and Place _____

I/we the Applicants, understand and agree that the information contained in this application is furnished to induce eCompressedair, to consider the extension of credit, to whether on open account or in the form of a promissory note, and as a further inducement contact any entity, to which the Applicant(s) listed below, and further that eCompressedair may rely on the information contained in this application for the purpose of determining whether or not credit will be extended, or will continue to be extended to the Applicant(s).

The undersigned agree(s) that eCompressedair may contact any creditor of Applicant for previous credit experiences for the purpose of determining whether credit would be extended to Applicant by eCompressedair and in what amount. Applicant holds eCompressedair harmless for such contacts and use of such information. Likewise, eCompressedair may furnish information to any third party requesting information relating to the credit of Applicant and Applicant agrees and promises to hold eCompressedair harmless for the release of such information to any and all third parties.

In consideration for the extension of credit by eCompressedair to the Applicant(s), I/we accept and agree to the terms of the Sales Agreement which is attached to this application and incorporated by reference herein.

TERMS OF SALE are attached hereto and incorporated herein. The Sales Agreement must be signed and returned by Applicant.

APPLICANT ACKNOWLEDGES RECEIPT OF A COPY OF THIS DOCUMENT.

CORPORATE SEAL:

APPLICANT (Corporation/Individual)

BY: _____

TITLE: _____

FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER: _____



Will you pay tax? _____ (If answer is no, Certificate of Resale must be attached or sales tax must be charged.)

Credit Line Requested: \$ _____

ADDITIONAL TERMS AND CONDITIONS

In consideration of the extension of credit by eCompressedair, under the terms of sale as stated herein, the undersigned APPLICANT hereby agrees to the terms of sale as follows, or as amended by written notice:

THE TERMS OF SALE: Net 30 days. Interest will accrue at the maximum rate allowable by law on delinquent balances. If a delinquent account is placed in the hands of an attorney or collection agency, APPLICANT shall be liable for all costs of collection, including, but not limited to, reasonable attorney's fees. Attorney fees shall be paid by APPLICANT, when incurred, for consultation, trial or appellate services, whether suit be brought or not. The terms of this agreement shall be governed by the laws of the State of Georgia and the APPLICANT hereby submits to the jurisdiction of the State of Georgia. Venue for settlement of any disputes arising hereunder, including litigation, regardless of place of payment, shall be in Forsyth County, Georgia, and APPLICANT waives any venue rights he/she/it may have and agrees that he/she/it shall not contest Forsyth County, Georgia as the proper venue.

APPLICANT hereby certifies that the information contained in this application is true and correct and further agrees that any change of ownership, officers or form in which the business operates shall be made known, within 15 days thereafter, to eCompressedair. by email: info@ecompressedair.com

APPLICANT ACKNOWLEDGES RECEIPT OF A COPY OF THIS DOCUMENT

APPLICANT

Signed: _____

Title: _____

Date: _____