

Engineered Specialties, LLC

6111 Mill Creek Drive Auburndale, WI 54412 Phone: 800-954-3310 Fax: 715-869-6047

Credit Application

Please complete the following information. This information will be kept solely to relay important information regarding your account. It will be kept private and confidential.

| Date: | | Credit Limit Requested: | | | |
|-----------------------------|--------------------------|-----------------------------|---------------------------|--|--|
| | | | | | |
| General Company | Information | | | | |
| Full Legal Name: | | | | | |
| DBA (if different): | | | | | |
| Address: | | | | | |
| Billing Address: | | | | | |
| Telephone Number: | Fax Number: | | | | |
| Type of Company | □ Corporation | Proprietorship | Limited Liability Company | | |
| | □ Sole Proprietor | Other (specify) | | | |
| How long in Business: | | FEIN/SSN: | | | |
| | | | | | |
| Accounting Inform | nation: | | | | |
| Accounts Payable Cont | act Name: | | | | |
| Accounts Payable Emai | il: | | | | |
| Accounts Payable Telephone: | | | Extension: | | |
| Invoice Delivery Email: | | | | | |
| If emailing invoices is not | an option, please mark p | preferred method of invoice | e delivery: 🗆 FAX 🛛 MAIL | | |

Are you Tax Exempt? 🗆 YES 🛛 NO

If you answered yes, please submit an exemption form when remitting this request.

PLEASE SUBMIT COMPLETED FORM AND TAX EXEMPT CERTIFICATE (IF APPLICABLE) TO ACCOUNTING@RAPIDAIRPRODUCTS.COM OR FAX TO 715-869-6047.



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Credit References

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Trade References

Please list three significant business relationships.

| Name | Address | Contact | Phone # | Email |
|------|---------|---------|---------|-------|
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Bank Reference

| Name of Bank: | |
|---------------|-------------------|
| Bank Address: | City, State, Zip: |
| Contact Name: | Phone #: |
| | |

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's Terms of Sale. I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a 1.5% per month finance charge.

| Applicant Company Name: | | | |
|-------------------------|---|---------|--|
| Authorized Signature: | | Date: | |
| Print Name: | Title: | | |
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ACCOUNTING@RAPIDAIRPRODUCTS.COM OR FAX TO 715-869-6047.