

# INFINITY SEALS

10513 Two Notch Road  
Elgin, SC 29045  
(803) 699-8088 | (803) 699-4995 (F)  
1-800-283-7137 (toll free)  
www.infinityseals.com  
sales@infinityseals.com  
**24/7 Emergency Service**

## OFFICE USE ONLY

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Credit Granted: YES NO Credit Limit: \$ \_\_\_\_\_  
PO Required: YES NO Billing Pref: \_\_\_\_\_

The below information is for the purpose of obtaining credit and is warranted to be true by the person(s) completing this document. All information is confidential and will never be sold or given to anyone, with exception of sharing it with those parties mentioned in order to obtain credit verification. Please include all the requested information to make our job easier and your response time shorter. Fill out the form (you can use tab to move between fields), print it, then fax it to the attention of the "Credit Department" at 803-699-4995. Thank you!

### General Information

Today's Date: [mm/dd/yy]  
Company Name:  
Your Name:  
Your Title:  
Mailing Address:  
Line 2:  
City:  
State, Zip:  
Billing Address: **OR** same as mailing  
Line 2:  
City:  
State, Zip:  
Phone: x  
Fax:  
Email/Web Address:

### Business Information

# Years In Business: **OR** We are a new company **EIN Number:**  
Type of Business: Corporation Partnership Individual Other  
Incorporated In: [state] as [Incorporation name]  
Tax Exempt?: No Yes: Tax Exempt #: [please fax copy with application]  
Dun & Bradstreet: No Yes: D & B #:  
Requested Credit: PO Required?: Yes No  
Billing Preference: Invoice [net30] COD Credit Card [VISA/MC/AMEX] Bank Transfer

### Accounting Information

A/P Contact:  
Phone: x  
Fax:

### Any Additional Information / Comments

## Trade References

[Give only names of those you currently buy from on open account]

### Trade Reference #1

Company Name:

Contact:

Phone: x

Fax:

State: Years as vendor:

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### Trade Reference #2

Company Name:

Contact:

Phone: x

Fax:

State: Years as vendor:

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### Trade Reference #3

Company Name:

Contact:

Phone: x

Fax:

State: Years as vendor:

## Bank Reference

[required for credit limit over \$500.00]

Bank Name:

Contact:

Account Number:

Address:

Line 2:

City: State, Zip: ,

Phone: x

Fax:

## Agreement

I agree to pay my account in accordance with Infinity Seals' regular terms. Infinity Seals' terms are Net 30 Days from invoice date. In the event any balance is not paid after this date, a 1-1/2% per month late charge will be assessed. I understand and agree that the purpose of the late charge is to induce prompt payment of the obligation. Further, if this account is placed in the hands of an attorney or collection agency for collection, I agree to pay all reasonable fees and costs incurred in any collection action, as determined by the court of jurisdiction. A \$25.00 service charge will be assessed against applicants accounts upon receipt of any returned check by your bank. I have read and fully understand this agreement. My signature (digital or handwritten) below indicates my agreement with all of the above, and certifies that all the information in this document is factual and accurate.

Signed by: Title: Date: ex: January 1, 2005

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