

AMERICAN BOOM & BARRIER CORP. (ABBCO)

151 Center St. # 101 Cape Canaveral, FL 32920

321-784-2110

800-843-2110

FAX 321-783-7598

CREDIT APPLICATION TERMS AND CONDITIONS OF SALES

1. Payment is due 30 days from the invoice date.
2. You may avoid *finance charges* if payment is received within 30 days of invoice date. The finance charge is calculated at the rate of 1.5% per month or 18% A.R.P.
3. Written approval must be obtained before material may be returned.
4. **American Boom & Barrier Corp.** (ABBCO) reserves the right to charge a restocking charge on all materials returned.
5. Should this account be placed for collection, **American Boom & Barrier Corp.** reserves the right to charge all collection costs and/or attorney's fees to said account.
6. In the event credit is denied, an explanation will be furnished upon written request.
7. Application will not be processed unless signed and dated by an officer of the company.

I HEREBY AGREE TO ALL OF THE TERMS AND CONDITIONS OF THIS APPLICATION AND STATE THAT ALL INFORMATION GIVEN TO AMERICAN BOOM & BARRIER IS CORRECT.

COMPANY NAME _____
PLEASE PRINT THIS LINE ONLY

SIGNATURE _____
CORPORATE OFFICER OR OWNER

TITLE _____

DATE _____

COMPANY NAME _____

COMPANY ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE# _____

TYPE OF BUSINESS _____

PREVIOUS ADDRESS IF LESS THAN 3 YRS. _____

HOW LONG IN AREA _____

HOW LONG IN BUSINESS _____

OTHER COMPANY NAMES AND
ADDRESSES YOU HAVE HAD.

1.) _____

2.) _____

OWNERS NAME _____ POSITION _____

PRESIDENT _____

VICE-PRESIDENT _____

SECRETARY TREASURER _____

DUNN & BRADSTREET RATING _____

ARE YOU TAXABLE? ___ IF TAX EXEMPT ATTACH TAX EXEMPTION CERTIFICATE.

DO YOU REQUIRE A PURCHASE ORDER NUMBER? _____

HAVE YOU EVER APPLIED FOR CREDIT WITH AMERICAN BOOM & BARRIER CORP.?

IF, YES, UNDER WHAT COMPANY OR NAME _____

BANK REFERENCES

BANK _____ ACCOUNT NO. _____

ADDRESS _____ PHONE _____

BANK _____ ACCOUNT NO. _____

ADDRESS _____ PHONE _____

TRADE REFERENCES (In related field, if possible.)

Please include Fax numbers, they are very important to us.

Do NOT Write In This Column

NAME _____ COMMENTS _____

ADDRESS _____

PHONE & FAX _____

NAME _____ COMMENTS _____

ADDRESS _____

PHONE & FAX _____

NAME _____ COMMENTS _____

ADDRESS _____

PHONE & FAX _____

NAME _____ COMMENTS _____

ADDRESS _____

PHONE _____

OFFICE USE ONLY

SALES PERSON _____

APPROVED _____ DENIED _____

APPROVED BY: _____ DATE _____

TERMS OF APPROVAL _____

COMMENTS