



110 S. 41st Avenue Phoenix, AZ 85009

At this time ITC would like to establish credit terms for your company. Please have the attached credit application signed and filled out by the appropriate party along with your companies most recent financial statement returned to ITC, or have it signed and sent back with your company's standard credit information sheet and most recent financial statements to:

Marisol Ruelas
Accounts Receivable
Phone: 800.567.6592 x 216
Fax: 602.415.1444
E-mail: mruelas@itcmfg.com

Because our application processing time is usually between one and two weeks, prompt return of the credit application will allow time prior to your first order. ITC cannot enter an order or start production on decks until the credit application has been processed.

If you need shipment before the credit application has been processed, ITC will accept one of the following payment types (please sign and date):

Pre-payment via company check: _____
(Name) (Date)

ACH Payment: _____
(Name) (Date)

Wire transfer of funds: _____
(Name) (Date)

By choosing one of the above options, signing this form, and faxing it back to us, we will promptly enter your order and call to make the necessary arrangements.

Please call your Customer Service Representative if you have any questions.

Regards,
Marisol Ruelas



**CONFIDENTIAL AGREEMENT AND
APPLICATION FOR TRADE CREDIT**

LEGAL BUSINESS NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ WEBSITE: _____

CREDIT LIMIT REQUESTED: _____

TYPE OF ENTITY: _____ CORPORATION _____ LIMITED LIABILITY CORPORATION
_____ PARTNERSHIP _____ INDIVIDUAL

EMPLOYER IDENTIFICATION NUMBER: _____

TAX EXEMPTION NUMBER: _____

DUN & BRADSTREET IDENTIFICATION NUMBER: _____

DESCRIBE APPLICANTS BUSINESS: _____

PRINCIPAL OWNERS: _____

COMPANY OFFICERS (IF DIFFERENT): _____

DATE APPLICANT ESTABLISHED BUSINESS: _____ NUMBER OF EMPLOYEES: _____

I Authorize **ITC MANUFACTURING, INC.** to check our Credit record and obtain credit information from the person and entities furnished by us as a credit references on the credit application. I understand that this information will be relied on by your company in establishing and making sales to our account.

THE APPLICATION AGREES NOT TO BE DELINQUENT OR IN DEFAULT OF ANY AMOUNT DUE FOR TRADE PAYABLES, LEASES, AGREEMENTS, OR ANY OTHER DEBITS. IN COSIDERATION OF GRANTING AND EXTENSION OF CREDIT BY ITC MANUFACTURING, APPLICANT HEREBY AGREES TO PAY ALL INVOICES WITHIN TERMS. IF PAYMENT IS DELINQUENT, APPLICANTS AGREES TO PAY PRINCIPAL AMOUNT DUE, COLLECTION COSTS INCURRED BY ITC INCLUDING REASONABLE ATTORNEY'S FEES AND COURT COSTS, PLUS INTEREST AT THE LOWER 18% PER ANNUM OF THE HIGHEST RATE UNDER ARIZONA LAW FROM DATE OF INVOICE. IF LIGATION IS NECESSARY, VENUE WILL BE MARICOPA COUNTY ARIZONA.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

PERSONAL GUARANTEE:

Any person signing the personal guarantee, must have their spouse sign the guarantee as well if the business which they're representing is located in one of the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin.

THIS IS A PERSONAL GUARANTEE FOR PAYMENT BY: _____

SIGNATURE OF GUARANTOR: _____

SIGNATURE OF GUARANTOR SPOUSE: _____

Tax Exemption Certificates

Depending on sales tax jurisdiction, sales are deemed taxable unless a valid exemption certificate is provided and on file with ITC. Please include a copy of a valid, signed tax exemption certificate for those states in which you are registered and operate for sales tax purposes.

PLEASE ATTACH COPY OF CURRENT FINANCIAL STATEMENTS

BANK REFERENCES

BANK REFERENCE: _____ ACCOUNT NUMBER: _____

CONTACT: _____ PHONE: _____ FAX: _____

BANK REFERENCE: _____ ACCOUNT NUMBER: _____

CONTACT: _____ PHONE: _____ FAX: _____

TRADE REFERENCES

NAME: _____

E-Mail: _____

Phone: _____

Fax: _____

NAME: _____

E-Mail: _____

Phone: _____

Fax: _____

NAME: _____

E-Mail: _____

Phone: _____

Fax: _____

NAME: _____

E-Mail: _____

Phone: _____

Fax: _____

NAME: _____

E-Mail: _____

Phone: _____

Fax: _____

ADDITIONAL INFORMATION

TO ASSIST ESTABLISHING YOUR ACCOUNT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

PURCHASING:

LIST PERSONS AUTHORIZED TO PURCHASE FROM ITC:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

ATTACH ADDITIONAL NAMES LIST IF NEEDED

“TTC Requires a Purchase Order on all Orders”

RECEIVING:

DO YOU HAVE A DOCK? YES NO

WHAT IS YOUR RECEIVING HOURS? _____

DO YOU HAVE A FORKLIFT AVAILABLE FOR RECEIVING? YES NO

BILLING:

PLEASE PROVIDE BILLING ADDRESS IF DIFFERENT FROM ADDRESS ON PAGE 1 _____

PLEASE INDICATE METHOD IN WHICH YOU WOULD LIKE TO RECEIVE YOUR INVOICE:

FAX: _____ MAILED E-MAIL: _____