

Cleats Manufacturing Company, Inc.  
1855 South. Kilbourn Avenue  
Chicago, Illinois 60623  
(773)521-0300 FAX (773)521-2408

**New Account Application**

Name of Company/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Organization: Corporation / Partnership / Individual / Other \_\_\_\_\_

Business Owner: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Buyer's FAX: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P email: \_\_\_\_\_

Method of Payment: ACH / Check E-mail Invoices: Y / N

If you are reseller of our products, you will need to complete a Certificate of Resale Blanket form. Please contact us to request a form.

Account Terms: Net 30 days after open account is established. Est. Monthly Volume \$ \_\_\_\_\_

Sales are done on an order-by-order basis. All quotes are valid for 15 days from issue date. Any changes to quantities, or products specifications will require an adjustment to price. The customer is responsible to determine that the proper material and assembly procedures are followed to meet local codes and current SMACNA standards. All our sales are custom made based on our customer's specifications. Refunds, or exchanges are not allowed unless Cleats Manufacturing Company did not make the order according to the customer's specifications.

**Fittings are a Special-Order Item. Fittings are a customized product which is designed for a specific purpose. Our Fitting Sales Specialists are highly skilled in HVAC products and SMACNA standards and are committed to design and produce your fittings that meet the particular needs of our customers.**

**Cleats Manufacturing Company produces all its ductwork unassembled. However, Cleats Manufacturing Company does provide assembly service of its ductwork and are separately contracted at an additional cost.**

Please complete the attached Trade and Bank Reference Section.

We certify that all the information on this new account application form is true and correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We also grant permission to contact our Bank Reference and all our Trade References. It is understood that an investigative consumer report may be necessary if Trade References are unable to provide sufficient credit information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Printed Name

**Cleats Manufacturing Company, Inc.**  
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Name of Company / Individual \_\_\_\_\_

IT IS UNDERSTOOD THIS INFORMATION WILL BE HELD IN STRICTEST  
CONFIDENCE AND USED ONLY BY OUR CREDIT DEPARTMENT.

**BANK REFERENCE:**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Bank Account Number \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**BUSINESS REFERENCES:** (Please list major suppliers)

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_