

CLEATS MANUFACTURING COMPANY

**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: _____

Buyer's Name: _____ Buyer's E-Mail: _____

Buyer's Phone: _____ Buyer's FAX: _____

A/P Contact: _____ A/P Phone: _____

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 Estimate Monthly Volume \$ _____

Sales are done on a 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 of 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.

Cleats Manufacturing Company produces all of its ductwork unassembled basis. However, Cleats Manufacturing Company does provide assembly service of its ductwork to their customers 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 of our Trade References. It is understood that an investigative consumer report may be necessary if Trade Reference are unable to provide sufficient credit information.

Signature

Date

Title / Position

Printed Name

CLEATS MANUFACTURING COMPANY
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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 REFERENCE S: (Please list major suppliers)

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

FOR CREDIT DEPARTMENT USE ONLY

_____ CREDIT O.K.'d _____ MAXIMUM AMOUNT _____

_____ CREDIT REFUSED _____ REASON _____

SIGNED _____ DATE _____