



VOLITION CONTROLS CORP
 Sales@VolitionCC.com
 T: 813-714-7006
 www.VolitionCC.com

VOLITION CONTROLS CORP.

CREDIT APPLICATION FOR A NET 30 BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|--|--|--|----------|
| Contact Name | | Company Established Date: | |
| Company Name | | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other | Comments |
| Phone Fax | | | |
| E-mail | | | |
| Registered company address City, State ZIP Code | | | |
| Federal Tax ID #: | | | |

BUSINESS AND CREDIT INFORMATION

| | | | |
|--|--|---|---|
| DBA | | Bank Name: | |
| Primary Street Address City, State ZIP Code | | Bank Street Address City, State ZIP Code | |
| Phone | | Phone | |
| Fax | | Account number | |
| E-mail | | Type of account | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |

BUSINESS / TRADE REFERENCES

| | | | |
|----------------------|--|--------|--|
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |

AGREEMENT

1. Invoice payment terms: Net 30. Interest accrued at 1.5% per month thereafter. Check payments to be mailed within 21 days of invoice date.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize VOLITION CONTROLS CORP. to make inquiries into the banking and business/trade references that you have supplied.

AUTHORIZED SIGNATURES

| | | | |
|-----------------|--|-----------------|--|
| Signature: | | Signature: | |
| Name and Title: | | Name and Title: | |
| Date: | | Date: | |

Please Return to: Sales@VolitionCC.com