



Arrowhead Conveyor Corporation  
3255 Medalist Drive • P.O. Box 2408  
Oshkosh, WI 54903-2408  
(920) 235-5562 • (920) 235-3638

## ***APPLICATION FOR CREDIT***

### **TERMS AND CONDITIONS OF SALE:**

1. Any shortage, damage or defect in goods must be clearly noted by receiver or buyer at time of delivery. All claims for shortage, damage, or defect in delivered goods covered by this document must be made by buyer via telephone immediately upon delivery of goods, followed by written notice within ten (10) days. Failure to make any claim with the above stated period shall constitute an irrevocable acceptance of goods and an admission by buyer that they comply with all terms, conditions and specifications of the order and invoice.
2. If goods are shipped freight collect, or per instructions of buyer, buyer must file any claim for shortage, damage or defect directly with carriers.
3. Any goods rejected must be kept in original condition and made available to seller or its agent. No goods may be returned by buyer without prior approval of seller.
4. If credit is extended, applicant agrees to pay for all products received as follows:
  - Invoice Terms of Immediate: within ten (10) days of date of invoice.
  - Invoice Terms Net 30 days: within thirty (30) days of date of invoice.
  - Down payments required will be submitted with the Purchase Order.
  - Payments will be deemed delinquent if not received within five week days of term of invoice.
  - Any exceptions must receive written prior approval of the Credit Manager.
5. Agrees to pay 1.5% monthly service charge on all delinquent balances.
6. Security Interest: Buyer grants to Arrowhead Systems a security interest in the equipment. Buyer will join with Arrowhead Systems in executing, filling and doing whatever other acts may be necessary under the applicable law to protect Arrowhead Systems security interest until Arrowhead Systems has been paid the full purchase price.
7. Purchaser will be responsible to pay all legal and collection fees if collection action becomes necessary.
8. If contract is breached, purchaser shall be liable to seller for any damages incurred, including seller's reasonable attorney fees and costs of collection whether by suit or otherwise.
9. Purchaser agrees the laws of the State of Wisconsin will control in the event of a dispute.
10. Purchaser agrees to place the venue of Wisconsin, County of seller's choice, for litigation and/or deposition.
11. Any statement in a purchase order or similar document which is not expressly approved or acknowledged in writing by seller will not be considered as part of agreement between parties.

These terms and conditions of sale may not be modified unless agreed to in writing by seller.

**APPLICATION IS HEREBY MADE FOR THE EXTENSION OF CREDIT:**

**NAME OF BUSINESS: (Billing Address)**

NAME	PHONE #
STREET	FAX #
CITY, STATE, ZIP	D&B #

**SHIP TO LOCATION:**

STREET	CITY, STATE, ZIP
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**FORM OF BUSINESS: (check applicable box)**

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
EIN No:	NAICS No:	
SSN # OF OWNERS & Date of Birth (if other than Corporation)		
OWNER'S NAMES:		
LENGTH OF TIME COMPANY HAS BEEN IN BUSINESS:	CREDIT LIMIT DESIRED:	

**TRADE REFERENCES: (Minimum of three requested)**

VENDOR NAME	ADDRESS	PHONE NUMBER	E-MAIL ADDRESS

**PAYABLES:**

CONTACT	TITLE	PHONE NUMBER	E-MAIL ADDRESS
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BANK NAME	ACCOUNT NUMBER	STREET	CITY, STATE, ZIP
BANK CONTACT	TITLE	PHONE NUMBER	FAX NUMBER/E-MAIL ADDRESS

**SUBSIDIARY OR DIVISION: YES NO**

PARENT COMPANY	STREET	CITY, STATE, ZIP	PHONE NUMBER
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**SALES TAX EXEMPT? YES NO**

**Please attach copy of Tax Exemption Certificate and Financial Statement. If a tax exemption certificate is not provided, tax will be bill. If a tax exemption form is provided after tax has been billed, you will need to apply for the refund from the state**

**THIS IS NOT A PERSONAL GUARANTEE:**

I/We hereby represent that I/we are authorized to submit this application on behalf of the customer named on this page, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/we herby authorize **Arrowhead Conveyor Corporation** to investigate the references listed pertaining to my/our credit and financial responsibility. It is understood the Terms and Condition of Sale are a part of this document and agree to abide by same. I/we further represent that I/we have the financial ability and willingness to pay all invoices in the established terms.

BY:	Title:
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Return application by fax to **920-235-3638** Attn: Fay or by e-mail to **fsteiner@arrowheadconveyor.com** or phone 920-235-5562 ext. 2356 with questions.