**New Customer Information Request Form**

**Please complete the information below and return to** **acctsrec@adamscorp.com****. Please also include a copy of your Annual Resale Certificate if applicable, so that tax is not added to your orders.**

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| **Your Billing Information:** |
| **Company Name:** |  |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **City, State and Zip Code:** |  |
| **Company Phone #:** |  |
| **Email Address:** |  |
| **A/P Contact Name:** |  |
| **A/P Contact Email:** |  |

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| **Your Shipping Information:** |
| **Ship-To Location 1 Name:** |  |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **City, State and Zip Code:** |  |
| **Ship-To Phone #:** |  |
| **Preferred Ship Method:** | (Fedex/UPS) |
| **Shipping Account #:** |  |
| **Shipping Instructions:** | (Ship Complete Only) |
|  |  |
| **Ship-To Location 2 Name:** | (If applicable) |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **City, State and Zip Code:** |  |
| **Ship-To Phone #:** |  |
| **Preferred Ship Method:** |  |
| **Shipping Account #:** |  |
| **Shipping Instructions:** |  |

 **Contact Information:
Please include all relevant contacts (Buyers, Accounts Payable, Branch Managers etc.)**

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| --- | --- | --- | --- |
| **Name** | **Title** | **Email Address** | **Direct Phone #** |
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**Credit Application Information:**Please fill out the information below if Terms Net 30 are desired. Payments will be required in Advance of order processing until the credit process is completed.

Note that a minimum of three trade references is required. A trade reference sheet containing your credit information is acceptable provided all information requested is contained therein.

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| **Company Information:** |
| **Company Type:** | Corporation/Partnership/Limited Partnership/Proprietorship |
| **Name of Officer or Principal Owner:** |  |
| **Title of Officer or Principal Owner:** |  |
| **Name of Officer or Principal Owner:** | (additional office/owner, If applicable) |
| **Title of Officer or Principal Owner:** |  |
| **Nature of Business:** |  | **Years in Business:** |  |
| **Bank Reference Information:** |
| **Bank Name:** |  | **Account Number:** |  |
| **Contact Name:** |  |
| **Phone Number and Email Address** |  |
| **Address:** |  |
| **City, State and Zip Code:** |  |
| **Trade References Information:** |
| **Company Name:** |  | **Account Number:** |  |
| **Address:** |  |
| **City, State and Zip Code:** |  |
| **Contact Name and Email Address:** |  |
| **Phone and Fax Number:** |  |
|  |  |
| **Company Name:** |  | **Account Number:** |  |
| **Address:** |  |
| **City, State and Zip Code:** |  |
| **Contact Name and Email Address:** |  |
| **Phone and Fax Number:** |  |
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| **Company Name:** |  | **Account Number:** |  |
| **Address:** |  |
| **City, State and Zip Code:** |  |
| **Contact Name and Email Address:** |  |
| **Phone and Fax Number:** |  |
|  |  |
| **Company Name:** |  | **Account Number:** |  |
| **Address:** |  |
| **City, State and Zip Code:** |  |
| **Contact Name and Email Address:** |  |
| **Phone and Fax Number:** |  |

**Credit Agreement Information:**

PLEASE NOTE: The following credit agreement must be signed BY AN OFFICER or OWNER of the company in order to be approved for open account. The tax card submitted must also be completed (in full), signed and returned for our records before any orders can be processed as non-taxable.

**CREDIT AGREEMENT**

The applicant does hereby certify that the information provided herein is accurate and complete, and further agrees to permit ADAMS AIR & HYDRAULICS, INC. to use the information to obtain additional credit references that it deems necessary, regarding the applicant, including without limitation, personal credit reports, trade references and bank or other financial institution references, and applicant further authorizes the release of said information to ADAMS AIR & HYDRAULICS, INC.by any and all third parties. If, after complete review of this application, the applicant is approved, the applicant hereby understands and agrees that all purchases made on open account will be PAID IN FULL, no later than thirty (30) days from the date of each purchase. In submitting this application for extension of credit, the applicant understands that all accounts over thirty (30)days are delinquent and shall accrue a late charge equal to one and one-half percent (1.5%)per month, not to exceed an annual charge of eighteen percent (18%)per year, or the applicable maximum rate allowed by law, whichever is less. The applicant understands and agrees that ADAMS AIR & HYDRAULICS, INC. shall have no obligation to extend any further credit to any open account that is delinquent past the herein described thirty (30) day period. All costs of collection will be the applicant's responsibility, including without limitation, reasonable attorney fees and costs, should collection through an attorney be necessary, to include without limitation, pre-trial negotiations, trial, appellate and bankruptcy proceedings. The applicant hereby agrees that the choice of law governing this application is that of the State of Florida, and that jurisdiction and venue for any litigation that may arise from or relate to this application, shall solely reside in the state and federal courts of Hillsborough County, Florida.

The performance of all other obligations of the Company pursuant to the terms of this Credit Agreement are hereby unconditionally guaranteed by the undersigned Guarantor. It shall not be a condition precedent that any action be first brought against said Company for non-performance. No modifications to the foregoing Credit Agreement nor the release of any person liable thereunder or hereunder shall affect this Guaranty. This Guaranty is an absolute and unconditional guaranty of payment and performance. It shall be enforceable against the Guarantor, jointly and severally, with any other guarantor to the foregoing Credit Agreement, without necessity of any notice of non-payment, non-performance, or demand to which the Guarantor might otherwise be entitled, all of which the Guarantor expressly waives.

The undersigned agrees to assume full responsibility for any and all purchases made on open account by any of the applicant's officers, directors, employees or agents. In consideration of the credit extended hereunder, the undersigned, jointly and severally, hereby unconditionally guarantee(s) full payment on open account.

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guarantor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_