

# FORGEON SOLUTIONS, INC.

5437 Robinson Road, Pellston, Michigan 49769 (231) 539-8000

## CREDIT APPLICATION

| Business Contact Information    |              |                   |           |
|---------------------------------|--------------|-------------------|-----------|
| Company Name:                   |              |                   |           |
| Title:                          |              |                   |           |
| Phone:                          |              | Email:            |           |
| Registered Company Address:     |              |                   |           |
| City:                           |              | State:            | Zip Code: |
| Date business commenced:        |              | Federal ID No.:   |           |
| Corporation:                    | Partnership: | Sole Proprietor:  | Other:    |
| Are you a tax exempt company    |              | Tax Exemption No: |           |
| Business and Credit Information |              |                   |           |
| Primary business address:       |              |                   |           |
| City:                           |              | State:            | Zip Code: |
| How long at current address:    |              |                   |           |
| Phone:                          |              | Email:            |           |
| Bank name:                      |              |                   |           |
| Bank address:                   |              |                   | Phone:    |
| City:                           |              | State:            | Zip Code: |
| Type of account                 | Savings      | Checking          | Other     |
| Account number:                 |              |                   |           |
| Business Trade References       |              |                   |           |
| Company Name:                   |              |                   |           |
| Address:                        |              |                   |           |
| City:                           |              | State:            | Zip Code: |
| Phone:                          |              | Email:            |           |
| Business Trade References       |              |                   |           |
| Company Name:                   |              |                   |           |
| Address:                        |              |                   |           |
| City:                           |              | State:            | Zip Code: |
| Phone:                          |              | Email:            |           |
| Business Trade References       |              |                   |           |
| Company Name:                   |              |                   |           |
| Address:                        |              |                   |           |
| City:                           |              | State:            | Zip Code: |
| Phone:                          |              | Email:            |           |

|                            |  |
|----------------------------|--|
| <b>Contact Information</b> |  |
|----------------------------|--|

|                                |        |
|--------------------------------|--------|
| Purchasing Contact name:       |        |
| Phone:                         | Email: |
| Accounts Payable Contact name: |        |
| Phone:                         | Email: |
| CFO Contact name:              |        |
| Phone:                         | Email: |

|                  |  |
|------------------|--|
| <b>Agreement</b> |  |
|------------------|--|

All invoices will be paid within 30 days from the date of invoice.

The customer agrees to have VTE Incorporated debit its bank account for any open accounts receivables that are 60 days past the due date on their invoice. Provide the account information for the bank to be debited. For international accounts, the swift code and ABA number must be provided.

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

Bank Routing Number: \_\_\_\_\_

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

Swift Code (for international): \_\_\_\_\_ ABA: \_\_\_\_\_

The customer agrees to inspect received goods from VTE Incorporated and issue a complaint to us within 7 business days, after which, the customer waives any future claims.

The person executing this agreement acknowledges that he/she has the authority to enter into the terms and conditions of this credit application.

By submitting this application you authorize us to make inquiries into the banking and trade references that have been supplied.

|                   |  |
|-------------------|--|
| <b>Signatures</b> |  |
|-------------------|--|

|        |        |
|--------|--------|
|        |        |
| Title: | Title: |
| Date:  | Date:  |