

Davis Instruments Application for Credit

(Please fill in this form and fax back to our Credit Department at (412-249-5019).)

Legal Name: _____

Trade Styles (DBA, Trading as, etc.): _____

If Division or Subsidiary — Name of Parent Co: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

*Please attach a list of any additional ship-to locations if different from the above address.

CORPORATION

SUB CHAPTERS

PARTNERSHIP

PROPRIETORSHIP

LLC

Name: _____ Title: _____ % of Ownership: _____

Name: _____ Title: _____ % of Ownership: _____

Financial Contact Name: _____ Title: _____ % of Ownership: _____

PLEASE LIST ANY RELATED COMPANIES IN WHICH THE PRINCIPALS HAVE AN INTEREST:

Name: _____ Address: _____

Name: _____ Address: _____

Has Davis Instruments ever sold to these before or to any present or former affiliate? Yes No

If yes, please explain:

ARE YOUR RECEIVABLES AND/OR INVENTORY PLEDGED TO OTHERS? Yes No

If yes, please explain:

YEARS IN BUSINESS _____ D & B DUNS# _____ FEDERAL TAX ID# _____

TRADE REFERENCES: (Please include complete address)

1. Name: _____ Phone#: _____

Address: _____ Fax#: _____

_____ Acct#: _____

2. Name: _____ Phone#: _____

Address: _____ Fax#: _____

_____ Acct#: _____

3. Name: _____ Phone#: _____

Address: _____ Fax#: _____

_____ Acct#: _____

BANK REFERENCES:

1. Name: _____ Acct#: _____

Address: _____ Phone#: _____

_____ Fax#: _____

Contact Name: _____

2. Name: _____ Acct#: _____

Address: _____ Phone#: _____

_____ Fax#: _____

Contact Name: _____

IS YOUR COMPANY TAX-EXEMPT? Yes No

(If yes, please submit a tax-exempt certificate for each of your ship-to locations along with this application)

DOCUMENT REQUIREMENTS — Financial Statements Upon Request

The information in this application and in all financial statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Davis Instruments to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and creditor(s) to submit complete information for the purpose of credit evaluation. The applicant and their company agree to all terms and conditions set by Davis Instruments. The applicant agrees to reimburse Davis Instruments for all costs and fees (including attorneys' fees incurred by Davis Instruments in collecting delinquent balances from the applicant. ●TERMS N/30●

COMPANY NAME:

Date:

**Signed By:

Title:

**Print Name:

***SS#:

** Authorized signatory must be an Officer, Partner, or Proprietor.

***If business is a sole proprietorship or a partnership, social security number must be provided

-Office Use Only-

Account Number:

1065DV14

11/07