



M.A. INDUSTRIES, INC.

Quality Products through Creative Research

M.A. INDUSTRIES, INC.
P.O. BOX 2929
PEACHTREE CITY, GA 30269
770-487-7761 770-487-1482 FAX
AR@MAIND.COM

CREDIT AGREEMENT

CUSTOMER NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

BUSINESS PHONE: (_____) _____ BUSINESS FAX: (_____) _____

COMPANY EMAIL: _____ COMPANY WEBSITE: _____

NATURE OF BUSINESS: _____ YEARS IN BUSINESS: _____

PHYSICAL ADDRESS: _____

TYPE OF LEGAL ENTITY: CORPORATION PARTNERSHIP GOVERNMENT

FEIN: _____ IF SOLE PROPRIETOR, SOCIAL SECURITY #: _____

IF CORPORATION, NAME OF PRINCIPAL SHAREHOLDER: _____

PHONE #: (_____) _____

IF PARTNERSHIP, NAME(S) OF GENERAL PARTNER(S): _____

PHONE #: (_____) _____

IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY: _____

PARENT COMPANY ADDRESS & OFFICER TO CONTACT: _____

SALES TAX EXEMPTION STATUS

IF TAX EXEMPT, PROVIDE TAX EXEMPTION #: _____

*** COPY OF EXEMPTION CERTIFICATE MUST BE ATTACHED ***

BILLING CONTACT INFORMATION

BILLING CONTACT: _____ EMAIL: _____

PHONE #: (_____) _____

ELECTRONIC INVOICING

IF YOU WOULD LIKE TO RECEIVE INVOICES AND STATEMENTS VIA ELECTRONIC MAIL, PLEASE PROVIDE EMAIL

ADDRESS(ES): _____

CREDIT REFERENCES

BANK NAME: _____ CONTACT: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

NAME: _____

PHONE #: (_____) _____ FAX #: (_____) _____ EMAIL: _____

ADDRESS: _____

NAME: _____

PHONE #: (_____) _____ FAX #: (_____) _____ EMAIL: _____

ADDRESS: _____

NAME: _____

PHONE #: (_____) _____ FAX #: (_____) _____ EMAIL: _____

ADDRESS: _____

BY EXECUTION OF THIS AGREEMENT, CUSTOMER AND ANY GUARANTOR AGREE TO THE FOLLOWING: (1) TO PAY ALL INVOICES IN STRICT ACCORDANCE WITH THE TERMS STATED THEREON. **UNLESS OTHERWISE PROVIDED, TERMS OF PAYMENT SHALL BE NET 30 FOR ALL PRODUCTS.** (2) TO PAY A FINANCE CHARGE EQUAL TO ONE AND ONE-HALF PERCENT (1.5%) PER MONTH ON ANY PAST DUE BALANCE OR ALTERNATIVELY, THE HIGHEST AMOUNT ALLOWED BY APPLICABLE STATE OR FEDERAL LAW. (3) TO PAY A SERVICE CHARGE OF \$30.00 ON ANY RETURNED CHECK OR OTHER ITEM. (4) THAT A RESTOCKING FEE OF 25% MAY BE CHARGED ON RETURNED MERCHANDISE. (5) THAT CREDIT MAY NOT BE ISSUED FOR MERCHANDISE DAMAGED DURING SHIPPING IF DELIVERY IS SIGNED BY YOU AS COMPLETE AND IN GOOD CONDITION. (6) THAT THE EXTENSION OF CREDIT TO CUSTOMER IS AT THE SOLE DISCRETION OF M. A. INDUSTRIES, INC., AND THAT THE EXTENSION OF CREDIT OR THE TERMS THEREOF MAY BE WITHDRAWN OR CHANGED BY M. A. INDUSTRIES, INC., IN ITS SOLE DISCRETION. (7) THAT IN THE EVENT CUSTOMER'S ACCOUNT IS PLACED FOR COLLECTION, CUSTOMER WILL PAY ALL COSTS OF COLLECTION ALLOWED BY LAW INCLUDING A REASONABLE ATTORNEY'S FEE. (8) THAT THIS AGREEMENT WILL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH LAWS OF THE STATE OF GEORGIA. (9) THAT CUSTOMER WAIVES ANY RIGHTS TO EXEMPTION UNDER THE CONSTITUTION OF THE STATE OF GEORGIA OR ANY OTHER STATE BANK OR CREDIT REFERENCES SHOWN HEREIN FOR PURPOSES OF OBTAINING CREDIT INFORMATION AND TO ASSIST IN THE INVESTIGATION OF CUSTOMER'S CREDIT. (10) THAT M. A. INDUSTRIES, INC., HAS RELIED TO ITS DETRIMENT ON ALL INFORMATION PROVIDED HEREIN BY CUSTOMER. (11) THAT CUSTOMER WILL PROVIDE CURRENT FINANCIAL STATEMENT TO M. A. INDUSTRIES, INC., AS OFTEN AS REQUESTED.

CUSTOMER AUTHORIZES ANY BANK, COMMERCIAL BUSINESS OR OTHER PERSON WITH WHOM CUSTOMER HAS DEALT TO GIVE ANY AND ALL INFORMATION NECESSARY TO M. A. INDUSTRIES, INC., IN ITS CREDIT INVESTIGATION.

AUTHORIZED SIGNATURE

PRINTED NAME

TITLE

DATE

RETURN COMPLETED APPLICATION TO FAX # 770-487-1482 OR EMAIL AR@MAIND.COM.

PLEASE SUPPLY A CURRENT FINANCIAL STATEMENT. OMISSION OF ANY REQUESTED INFORMATION ABOVE COULD RESULT IN DELAY OR DENIAL OF CREDIT APPLICATION.