

ANDREAE TEAM, INC. CREDIT APPLICATION

BUSINESS CONTACT INFORMATION (MAY ATTACH)

Company name:		Federal Tax ID No.	
Billing address:			
City:	State:	ZIP Code:	
Shipping address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	Web site:

PERSONNEL CONTACT INFORMATION

(Please provide contact information even when attaching all other information.)

Officer/Principal:	Phone No.	Fax:	E-Mail:
Address:	City:	State:	Zip Code:
Officer/Principal:	Phone No.	Fax:	E-Mail:
Address:	City:	State:	Zip Code:
Accounts Payable:	Phone No.	Fax:	E-Mail:
Buyer/Purchaser:	Phone No.	E-Mail:	
Sales:	Phone No.	E-Mail:	

BUSINESS AND CREDIT INFORMATION (MAY ATTACH)

Sole proprietorship:	Partnership:	Corporation:	Other
Tax Exempt Certificate No.		(Attach Re-sale or Tax Exempt Certificate to this application)	
Bank name:	Phone:		
Bank address:	State:	ZIP Code:	
City:	Account number:		
Type of account:			

BUSINESS/TRADE REFERENCES (MAY ATTACH)

Company name:			
Address:		State:	ZIP Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			
Company name:			
Address:		State:	ZIP Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			
Company name:			
Address:		State:	ZIP Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			

Applicant's signature warrants that the above information and related financial disclosure is true and accurate. By submitting this application you authorize Andraee Team, Inc. to make inquiries into the banking and business/trade references you have supplied.

SIGNATURE

Authorized Signature (Owner, Officer, or Principal)	Title	Date
Print Name: _____		

ACCOUNT AGREEMENT

Credit Policy

To qualify for an open account status, a credit application must be completed in full. Satisfactory references are required. Those approved for an open account are notified by e-mail or mail. Companies that do not qualify for an open account are required to pay before shipment. We accept payments by wire transfer, bank letter of credit, check or credit card (a credit card surcharge will apply*).

Terms of Sale

1. Terms are net 30 days from date of invoice unless other terms have been arranged with Andreae Team.
2. Any account not paid in full at the end of 30 days from date of invoice is deemed past due and may be placed on hold.
3. If at any time your account balance becomes delinquent, you will be subject to collection procedures. Any court costs, attorney fees or charges associated with collecting on a delinquent account are the responsibility of the applicant.
4. Payments are only accepted at the following address: PO Box 2538, Ardmore, OK 73402-2538.
5. We reserve the right to revoke your charging privileges at any time.
6. We can delay to enforce or fail to enforce any of our rights under this agreement without losing them.
7. A \$25.00 fee will be charged for a returned check.

Return Policy

Please contact Andreae Team before returning any product. All return items are subject to inspection before credit or replacement is issued. Overstocked goods must be returned in saleable condition within 90 days of the purchase date. The buyer is responsible for associated shipping costs. Andreae Team reserves the right to charge a 25% restocking fee (deducted from credit issued).

Damages

Please check your order for visual freight damage when received. Notate any damage on the BOL or driver receipt and have the driver sign as well. Notify Andreae Team immediately. We will send replacements and file claim with the truck line.

Shipping Policy

Ground shipping is free within the continental USA and Canada but excludes residential and high security locations. Lift gates and other special provisions may also incur additional shipping fees. You must notify Andreae Team of these provisions upon submission of your quote request. Otherwise, these additional costs will be included on your Sales Order.

By signing below and utilizing your credit account, you acknowledge and accept these terms as part of your credit agreement.

Authorized Signature (Owner, Officer, or Principal)

Title

Date

Print Name: _____

This application will not be processed without an authorized signature and title. Without an authorized signature, your account will be placed on a prepaid status.

Personal Guarantee

I have read, understand, and accept the terms stated within this credit agreement, have provided true information to the best of my knowledge and have retained a copy of this agreement for my records.

In consideration of Andreae Team, Inc., I personally guarantee payment for all materials purchased by the applicant.

Guarantor's Signature (Owner, Officer or Principal)

Title

Date

Print name: _____

ANDREA TEAM INC ^ P.O. Box 2538 ^ Ardmore, OK 73402-2538 USA

Toll Free: 800 891 9785 ^ Tel.: 580 223 9334 ^ Fax: 580 226 8189 ^ E-mail: info@andreaeteam.us

*Credit card surcharge: USA 3.5%, CAN 5.5%, all other international 4.5%