

Please print or type. Form fields in red are required.

Company Name:

Address:

Address:

City:

State:

Zip:

Phone:

Fax:

SHIP TO

Company Name:

Address:

Address:

City:

State:

Zip:

Phone:

Fax:

Type of Business: Corporation Sole Ownership Partnership

Years in Business:

A/P Contact Name: Email:

PARTNERS OR CORPORATE OFFICERS

Name 1:

Title1:

Phone 1:

Name 2:

Title 2:

Phone 2:

BANK REFERENCE

Name:

Address:

Address:

City:

State:

Zip:

Phone:

Fax:

Contact:

Acct#:

TRADE REFERENCES

Your Trade Reference Sheet is acceptable, provided it includes a contact name and email address.

Company 1:

Contact 1:

Phone 1:

Email 1:

Company 2:

Contact 2:

Phone 2:

Email 2:

Company 3:

Contact 3:

Phone 3:

Email 3:

Company 4:

Contact 4:

Phone 4:

Email 4:

CONVECTRONICS, INC. STATEMENT OF TERMS AND AGREEMENT

I (We) the undersigned, agree to the following conditions:

I (We) warrant that the information provided on this application is true and correct.

I (We) will notify you immediately of any changes in our business structure as stated here.

I (We) will pay all invoices according to your stated terms.

I (We) agree to pay a late charge of 1.5% per month if there is a delinquency in payment.

I (We) agree to pay a \$25.00 service fee for any checks returned as non-collectable.

I (We) agree to pay legal fees, court costs or collection agency fees if collection action is required.

I (We) agree that unless goods are returned within seven (7) days of delivery, said goods are deemed accepted by me (us).

**I (We) agree that Massachusetts law applies to this agreement and we agree to submit to the jurisdictions of
Massachusetts should collection be required.**

I (We) agree to remit sales tax (if any) directly to the State, except MA.

Applicant's Signature:

Date:

Printed Name:

Title:

PERSONAL GUARANTEE

To induce you to sell merchandise and extend credit on an open account to the applicant named, I hereby personally and unconditionally guarantee the payment of any indebtedness which may from this date forward or any time thereafter be owed to you by the said applicant.

I understand that in consideration for and in reliance on this personal guarantee, you will extend credit on an open account to the applicant.

In return for the above stated consideration, I acknowledge that this personal guarantee of credits is binding upon me as an individual and I do sign this as an individual not in any representative capacity.

All prior notice of default and demand for payment are hereby waived.

This guarantee shall continue in full force and effect until such time as I give you written notice of revocation by certified mail. Such notice of revocation shall be ineffective as to any existing indebtedness or as to any transaction commitment previously undertaken by you in reliance upon this guarantee.

Guarantor's Signature:

Date:

Printed Name:

Address:

Address:

City:

State:

Zip:

Phone:

Social Security #:

Witness's Signature:

Date:

Printed Name:

***Application is incomplete unless the Statement of Terms and Agreement is signed.**

If submitting by mail, please send to:

Convectronics, Inc. Attn: A/R Dept
111 Neck Road, Haverhill, MA 01835

If submitting by fax, please use:

Fax Number: 978.374.7794

If you have any questions, please call us at 978.374.7714