



117 Gulick Street
Blossburg, PA 16912-0009
Ph: (570) 638-2131 Fax: (570) 638-2797

CREDIT APPLICATION

Legal Company Name: _____ Date: _____

Trade Style or DBA: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Type of Ownership: Corp: _____ Partnership: _____ Individual: _____ Publicly Traded: _____ Yes _____ No

If incorporated, give date of Incorporation: _____ Length of time in business: _____

Member of Buying Group: _____

Credit Requested for: Wardflex _____ Mall./Cast Iron _____ Credit limit requested: \$ _____

Phone #: (____) _____ Fax #: (____) _____ E-mail Address: _____

A/P Phone #: _____ A/P Fax #: (____) _____ A/P Contact: _____

If approved, please choose whether you would you like to receive your invoices via fax or email?

Fax: _____ Email: _____

Would you like to receive monthly statements? Y/N

Please attach the following:
➤ Current Sales Tax Exemption Certificate(s) for all "Ship-To" locations
➤ Latest Financial Statements for your company

Name of Principal Officers/Owners:	Title of Principal
_____	_____
_____	_____

Bank Reference:

Name: _____ Bank Officer: _____

Address: _____ Phone No.: _____



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Business Reference: - (Where credit now extended)

Name: _____ Phone No.: _____
Address: _____ Fax No: _____
Amount of Credit: _____
Contact: _____

Name: _____ Phone No.: _____
Address: _____ Fax No: _____
Amount of Credit: _____
Contact: _____

Name: _____ Phone No.: _____
Address: _____ Fax No: _____
Amount of Credit: _____
Contact: _____

Applicant certifies that the information provided on and with this form is complete and correct and that the undersigned is authorized to execute this form on behalf of the Applicant. Applicant authorizes Ward Manufacturing, LLC to obtain credit reports, and to take such other steps as Ward Manufacturing, LLC deems appropriate to verify (and from time to time re-verify) the information provided with this form. Applicant further agrees to execute and deliver to Ward Manufacturing, LLC such other forms, and take such other action as Ward Manufacturing, LLC requests in furtherance of the foregoing. Applicant authorizes Ward Manufacturing, LLC to release credit information concerning Applicant to other creditors, guarantors, credit bureaus, credit reporters, and to Ward Manufacturing, LLC's agents and subsidiaries. Applicant agrees to promptly notify Ward Manufacturing, LLC in writing of any changes in name, address or location of assets of Applicant.

Applicant acknowledges that Ward Manufacturing, LLC's terms and conditions govern all transactions unless agreed to in writing.

Applicant understands that credit shall be extended in consideration of payment in full within terms as stated by Ward Manufacturing, LLC. Interest will accrue at the rate of 18% per annum for any sums outstanding over thirty (30) days.

Applicant acknowledges that Pennsylvania's version of the UCC (13 Pa. C.S.A. § 1101 et seq.) shall govern all future contracts between Ward Manufacturing, LLC and the buyer.

Applicant acknowledges that, notwithstanding any provisions of Pennsylvania's version of the UCC, title to the goods delivered to me by Ward Manufacturing, LLC. Ward Manufacturing, LLC shall have the right to retake into its possession, before or after the commencement of any law suit, any goods sold to me for which payment is due over thirty (30) days.

Applicant acknowledges that in the event that an account is turned over to collection, buyer agrees to pay all costs of collection including reasonable fees for an attorney.

Applicant agrees to follow all Export Administration Regulations set forth by the US Department of Commerce.

Applicant agrees that they are responsible for payment of any invoices even if they are paid through a Buying Group.

**Signature of Authorized
Company Representative:** _____

Title: _____ **Date:** _____

Company Name: _____

WARD MFG	
Export Quote Request	
Approved	
Denied	

CUSTOMER SCREENING FORM

Allow a minimum of 5 working days for processing
 Forward requests to Br Theo Saveri, Customer Service Supervisor

CSR _____ Nat Mgr or Lead Contact: _____

Company Name _____

Contact Person _____

Company _____

Address _____

Address _____

Telephone _____ Fax _____

Application or use of product _____

Product Classification EAR 99

Project Name/Number _____

Country/Destination _____

QUOTE INFORMATION (Ward Mfg Use Only)

Quote #	Date:		Notes
Terms			
Net price			
Rep Agency			
Commission	Rate	Payment Type:	
Order Qty Limits	Min	Max	
Lead Time			
National Sales Manager			Date
VP of Sales/Marketing			Date