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| APPLICATION FOR CREDIT ACCOUNT |
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HYTEC DEALER SERVICES, INC.

3600 Vineland Rd. Suite 121
Orlando, FL 32811
Phone: 407- 297-1001
Accounting Fax: 407-294-8017
Toll Free: 800-883-1001
www.hytecrepair.com

Please complete this form completely and return to our accounting department by fax or email. (accounting@hytecrepair.com)

This application and terms herein supercedes any other agreement between **APPLICANT AND HYTEC DEALER SERVICES, INC.**
ANY ALTERATION OF THIS APPLICATION WILL RESULT IN NON-ESTABLISHMENT OF CHARGE PRIVILEDGES.

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| Billing Address & Contact Information |
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Company Name:**Mail Address or PO Box:****City, State, Zip:****Main Phone Number:****Fax Number:****Accounts Payable Contact:****Email:****Phone Ext:****Service Manager Contact:****Email:****Phone Ext:**

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| Company Information |
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Do you require a purchase order?**Sales Tax Exempt #:***COPY OF CURRENT RESALE CERTIFICATE REQUIRED***Type of Business (Please check one)****Date Business Established:**

Corporation Limited Liability Corp.

Partnership Sole Proprietorship

Federal ID # or Social Security #:

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|---------------------------|--|--|--|
| Owners or Officers | | | |
|---------------------------|--|--|--|

| Name | Title | Address (if different than above) | Phone |
|------|-------|-----------------------------------|-------|
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| Credit & Bank References |
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| Trade/Credit References | | | | |
|--------------------------------|--|--|--|--|

| Supplier Name* | Address | Phone | Fax | Email |
|----------------|---------|-------|-----|-------|
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*3 References Required

Bank Name:**Account #:****Address:****Contact:****Phone #:**

HYTEC DEALER SERVICES, INC. CREDIT TERMS & CONDITIONS

I/We sign this application with the understanding that I/We agree to pay Hytec invoices according to credit terms of NET 30 DAYS and that a 1/2% Finance Charge per month is assessed on all past due invoices. Shipments will not normally be made on Delinquent Accounts. If our firm has established a credit account and is unable to meet the terms above our company will be put on C.O.D. status for all future orders. Hytec reserves the right to apply any outstanding credits against unpaid invoices that are equal or greater than 61 days past due. In the event checks are received for payment on account and there is no designation to which invoices to apply the check, Hytec reserves the right to apply to oldest unpaid invoices.

HYTEC DEALER SERVICES, INC. CREDIT TERMS & CONDITIONS - CONTINUED

It is also understood that the information furnished by this application is intended for the use in extension of commercial or business credit only with **HYTEC DEALER SERVICES, INC.** I/We agree to immediately notify **HYTEC DEALER SERVICES, INC.** of any change in ownership or form of said business.

LIABILITY: Hytec Dealer Services shall not be liable for any delays or for any failure to deliver goods resulting from strikes, labor disputes, breaddowns, wars, civil disputes, floods, acts of God, carriers, or suppliers or regulations of any government authority.

I/We, the undersigned, not withstanding any corporate title which may be indicated, do hereby agree to be individually, jointly and severally responsible for the obligations of our company as a direct or indirect result of this application for credit. I/We authorize Hytec Dealer Services. to make whatever bank references and credit inquiries (PERSONAL, and or BUSINESS) it deems necessary in connection with my/our credit application, or in the course of review or collection of any credit extended with regard to my/our application for a credit account from Hytec Dealer Services. It is hereby specifically agreed that if it becomes necessary to place this account with an agency and or an attorney for collection, I/We agree to pay all costs involved, including agency fees, attorney fees, court costs and interest. I/We also hereby waive the privilege of having venue changed to the county of our residence and that it shall remain in the county where goods are sold.

INDIVIDUAL ACCOUNT – SOLE PROPRIATORSHIP OR D/B/A

Date:

Signature:

APPLICATION MUST BE SIGNED

Printed Name:

Social Security Number:

CORPORATE ACCOUNT / LIMITED LIABILITY CORPORATION

Date:

Signature:

APPLICATION MUST BE SIGNED

Printed Name:

Title: