



6621 19<sup>th</sup> STREET EAST  
 SARASOTA, FL 34243 U.S.A.  
 PHONE: 941-752-5811/FAX 941-752-5861  
 E-MAIL: sales@americanphotonics.com  
 APPLICATION FOR CREDIT

COMPANY APPLYING FOR CREDIT	CREDIT/TRADE REFERENCES
COMPANY NAME	<b>(1) COMPANY NAME</b> <b>CONTACT NAME</b>
MAILING ADDRESS	CITY, STATE, ZIP, COUNTRY
CITY, STATE, ZIP, COUNTRY	EMAIL
<b>PRINCIPALS</b>	PHONE #
PRESIDENT EMAIL	<b>(2) COMPANY NAME</b> <b>CONTACT NAME</b>
VICE PRESIDENT EMAIL	CITY, STATE, ZIP, COUNTRY
SALES MANAGER EMAIL <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	EMAIL  PHONE #
\$ MONTHLY CREDIT REQUESTED IN USD	<b>(3) COMPANY NAME</b> <b>CONTACT NAME</b>
CONTACT NAME	CITY, STATE, ZIP, COUNTRY
NAME OF BANK/BRANCH LOCATION:	EMAIL
COMPLETE ADDRESS	PHONE #
PHONE #                      EMAIL: CONTACT NAME	<i>This application is confidential. All pages of the credit application must be completed, signed, and returned to our Credit Department for processing. Please fax completed application to our office (941-752-581) at your earliest convenience.</i>
NAME OF BANK/BRANCH LOCATION	<b>FOR OFFICE USE ONLY</b> DATE C.A. RECEIVED: _____
COMPLETE ADDRESS	PROCESSING AGENT: _____ OUTCOME: _____
PHONE #                      EMAIL:	APPROVED BY: _____



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TERMS OF OPEN ACCOUNT	TAX EXEMPTION
<p>By accepting delivery of the goods and/or by signing copy hereof, buyer agrees that:</p> <ol style="list-style-type: none"> <li>1. APC reserves the right to check the references listed on this application.</li> <li>2. <b>The invoice is delinquent when not paid within terms agreed upon. Delinquent invoices bear interest on the unpaid sum at the rate of 1.0% per month on the principal balance.</b></li> <li>3. If payment is not made within terms agreed upon, an attorney will be consulted. APC is entitled to recover attorney's fees and costs incurred as well as damages.</li> <li>4. This agreement shall apply to all subsequent purchases from APC until revoked by your company in writing.</li> </ol>	<p>Business Name _____</p> <p>This is to certify that all material, merchandise, or goods purchased by the undersigned from American Photonics Company (APC) after (date) _____ is purchased for the following purpose:</p> <p>( ) Resale as tangible personal property</p> <p>( ) County, State, Public or Government Agency:</p> <p style="padding-left: 40px;">( ) Export</p> <p style="padding-left: 40px;">( ) Church</p> <p>( ) To be incorporated as a medical or parts of other tangible personal property to be produced for sale by:</p> <p style="padding-left: 40px;">( ) Manufacturing</p> <p style="padding-left: 40px;">( ) Assembling</p> <p style="padding-left: 40px;">( ) Processing</p> <p style="padding-left: 40px;">( ) Refinishing</p> <p>( ) The products purchased from American Photonics will be destined to end-user.</p>
<p>Signature _____</p>	<p>TAX NUMBER _____</p>
<p>Title _____</p>	
<p>Date _____</p>	
<p><b>PLEASE NOTE</b>          Do not forget to sign the application. Both pages of this credit application must be completed and faxed back to American Photonics Company for processing. If you have any questions, please contact our Credit Department at your convenience.</p> <p style="text-align: right;"><b>PHONE: 941-752-5811</b></p> <p style="text-align: right;"><b>FAX: 941-752-5861</b></p>	