

CABLCON

ISO 9001:2000 and TL 9000 Certified

Manufactured Cable Assemblies, Cable, Connectors & Accessories

CREDIT AGREEMENT

Sales Rep # _____

The information below is provided for the purpose of extending credit to our company on your terms of Net 30 Days. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history. It is agreed and understood that your conditions of payment are (1) finance charge of 18% annual percentage rate may be applied to any past due amount, (2) any collection fees incurred will be the responsibility of the buyer, (3) any legal fees incurred will be the responsibility of the buyer, (4) no alteration of payment conditions will be acknowledged unless approved by CABLCON.

It is also agreed and understood that your conditions of sale are (1) all materials are shipped FOB shipping point, (2) all freight charges will be the responsibility of the buyer unless otherwise stated in writing by CABLCON, (3) No materials may be returned without written authorization from CABLCON, furthermore (4) a purchase money security interest in all goods and equipment purchased shall be retained by CABLCON until payment in full has been received.

We acknowledge your conditions of payment as well as your terms and conditions for conducting business.

Name: _____

Title: _____

Date: _____

Signature: _____

Company Name: _____

Check Type of Business:

Billing Address: _____

Corporation State of _____

Partnership

A/P Manager: _____

Sole Proprietorship

A/P Phone: _____

Date Business Established: _____

Federal ID #: _____

Preferred Shipping Method: (Please circle one set)

Primary SIC Code: _____

Standard Ground OR Customer Preferred Carrier
(Please attach instructions)

Dun & Bradstreet #: _____

Freight PPD & Add OR Freight Collect

Key Management Members and Owners

Titles

Percentage of Ownership

Bank Reference:

Bank Name: _____

Contact: _____

Address (City,ST): _____

Phone: _____

Account #: _____

Fax: _____

Credit References:

1) Name: _____

2) Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

3) Name: _____

4) Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

**** PLEASE FORWARD SIGNED ORIGINAL DOCUMENT VIA US MAIL ****

rev05/06

Page 1 of 2

359 Robbins Drive, Troy, MI 48083-4561 Voice: 800.969.9220 Fax: 248.588.1462 www.cablcon.com