



17-19 West 45<sup>th</sup> Street, Suite 504, New York, NY 10036

Phone: (212) 354-1316 - Fax: (212) 354-5578

### Credit Application Agreement

This document serves as an agreement and contract between the undersigned and **Nurco Castings Inc.** for the sales of goods and/or services rendered. Upon processing and credit approval, all orders will be shipped on open account basis within approved credit limit. **Every invoice must be paid within 10 days of invoice date.** Absolutely **NO RETURNS** on any merchandise unless merchandise is defective. **Nurco Castings Inc.** will reserve the right of revoking this agreement without notice if the terms and conditions set forth are not complied with. This application must be fully completed and signed in order to be processed. **ONLY CASTING AND FINDING COMPANIES ARE ACCEPTED,AS,REFERENCES.**

BUSINESS INFORMATION	DESCRIPTION OF BUSINESS
COMPANY NAME:	YEARS IN BUSINESS:
DBA, TA :	<b>BUSINESS STRUCTURE BUSINESS TYPE</b>
ADDRESS :	<input type="checkbox"/> Corporation <input type="checkbox"/> Retail Single Store:___ Multi Store:___
CITY, STATE, ZIP:	<input type="checkbox"/> Partnership <input type="checkbox"/> Retail & Sp. Order. Mfg.
PHONE :	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Manufacturer & Retailer
FAX :	<input type="checkbox"/> Division/Subsidiary <input type="checkbox"/> Manufacturer
E MAIL ADDRESS:	Name of Parent Company: _____

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME	TITLE	ADDRESS	PHONE
NAME	TITLE	ADDRESS	PHONE

BANK REFERENCES	
Name of Bank :	Name of Contact:
Branch :	Address :
Account Number:	Phone Number :

TRADE REFERANCES (CASTING & FINDINGS SUPPLIERS ONLY)					
COPMANY NAME	CONTACT PERSON	ADDRESS	CITY, STATE, ZIP	PHONE NUMBER	FAX NUMBER

### PERSONAL GUARANTEE AND VERIFICATION OF INFORMATION

In consideration of credit extended to the applicant company hereinafter referred as the "Company" I/we personally guarantee to bind myself/ourselves to pay **NURCO CASTINGS INC.** on demand any sum which may become due to **NURCO CASTINGS INC.** whenever the Company shall fail to pay the same. This guarantee is absolute and without any condition or limitation. All past due invoices indebtedness shall be subject to interest at the maximum rate allowable by law until paid. If my/our account is placed with an attorney for collection, or any other means of collection, I/we agree to pay a reasonable amount of attorney's fee and principle and interest charge. It is agreed that in any legal action, the laws of the State of New York shall apply. I/We hereby consent to the personal jurisdiction of the courts of the State of New York in any such proceeding and venue shall be proper in New York City. Notwithstanding billing arrangements, the undersigned accepts liability as insurer for the goods received and guarantees payment of the purchase set forth above. I/We agree to furnish financial information or statements as requested. I/We verify that all information supplied is true and correct.

Signature of Owner/Officer:

Title:

Date: \_\_/\_\_/\_\_

S.S.#:

Address