



Account No (If any)

Please check one: MasterCard/VISA COD-Company Check Net Terms **Order Pending:** Yes No

Requested Credit Limit : _____ Sales Rep Code: _____

<p>Company or Corporate Name (Exact Legal Name): _____</p> <p>Billing Address: _____</p> <p>Shipping Address: _____</p> <p>Business is a (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship</p> <p>Year Started _____ State of Inc. _____ D&B# _____</p> <p>Are you a: <input type="checkbox"/> subsidiary or <input type="checkbox"/> division (if yes, check which)</p> <p>Parent Company Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>A/P Contact Name/Email: _____</p> <p>A/P Phone Number/Email: _____</p>	<p>Doing Business As: _____ Telephone# _____</p> <p>_____ Fax# _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>(check one) <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Proprietor</p> <p>Name: _____</p> <p>Home Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone _____</p> <p>SSN: _____ Birth date: _____</p> <p>Company Product Type: _____</p> <p>Purchasing Manager Name: _____</p> <p>Phone: _____ Email: _____</p>
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Companies requesting a credit line of \$10,000 and over must submit copies of their financial statements for the last two years. This information will be for the exclusive use of the Credit Department of IRON Systems, Inc. and will remain confidential.

BANK REFERENCES	<p>Name: _____ Contact Name: _____ Phone: _____ Date Opened: _____</p> <p>Street Address: _____ City: _____ State: _____ Zip: _____</p> <p>Type of Account: <input type="checkbox"/> Checking No. _____ <input type="checkbox"/> Savings No. _____ <input type="checkbox"/> Loan No. _____</p>
	<p>Name: _____ Contact Name: _____ Phone: _____ Date Opened: _____</p> <p>Street Address: _____ City: _____ State: _____ Zip: _____</p> <p>Type of Account: <input type="checkbox"/> Checking No. _____ <input type="checkbox"/> Savings No. _____ <input type="checkbox"/> Loan No. _____</p>
CREDIT CARD AUTHORIZATION	<p>Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Account No. _____ Exp Date: _____</p> <p>Cardholder's Name (As it appears on card): _____ Phone No: _____</p> <p>Card Billing Address: _____ City: _____ State: _____ Zip: _____</p> <p>I authorize IRON Systems, Inc. (IRON) to charge purchases of product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by IRON.</p> <p>Cardholder's Printed Name: _____ Cardholder's Signature: _____ Date: _____</p>
	<p>Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Account No. _____ Exp Date: _____</p> <p>Cardholder's Name (As it appears on card): _____ Phone No: _____</p> <p>Card Billing Address: _____ City: _____ State: _____ Zip: _____</p> <p>I authorize IRON Systems, Inc. (IRON) to charge purchases of product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by IRON.</p> <p>Cardholder's Printed Name: _____ Cardholder's Signature: _____ Date: _____</p>



Financial Authorization - TO RELEASE CONFIDENTIAL INFORMATION

Date: _____

To Financial Institution: _____ From IRON Customer: _____

ATTENTION: BOOKKEEPING/LOAN DEPARTMENT

Please accept this as authorization to release the following information to IRON Systems, Inc. (IRON) for the purpose of extending credit.

Checking Acct. No. _____ Savings Acct. No. _____ Loan No. _____ Signature: _____

Please provide credit reference information for three major suppliers:

Table with 3 columns: CREDIT REFERENCES, Name, Contact Name, Phone/Fax, Street Address, City, State, Zip, Account No. (repeated for three suppliers)

We hereby agree to the terms of sale listed on each IRON invoice. In case of a credit sale, we agree that IRON may charge a finance fee of one and one-half percent per each thirty day period, or part thereof, for any invoice that is past due.

Authorized Individual (Print Name) _____ Signature _____

Title: _____ Date: _____

PERSONAL GUARANTEE

I _____, residing at _____ (print guarantor's name) (guarantor's home address)

for good and valuable consideration, including the extension of credit to the company or companies listed on this application ("Customer") from which I will benefit, do hereby personally guarantee and promise to pay on demand any obligation of Customer to IRON Systems, Inc. without regard for any claim of setoff, counterclaim or defense.

Date: _____ Signature: _____

Please attach personal financial statements of guarantor. SSN: _____ Birth date: _____

Credit Department Fax 408-943-8222

Upon approval of your credit application, contact your IRON sales representative for a password, IRONs online, ordering system. Place orders, check order status, obtain serial and tracking numbers, and much more.