



# CREDIT APPLICATION

A completed and signed Credit Application is required of all prospective customers applying for open account terms with KSB GIW, Inc. (hereinafter 'GIW'). GIW reserves the exclusive right to grant or deny credit based on its own determination of a customer's creditworthiness at any given time. GIW reserves the right to amend this application's terms with reasonable notice to customers.

### Change in Ownership:

If there is a change in ownership of an existing account or a change in the account name, GIW must be immediately notified and a new Credit Application must be submitted. The original payment agreement will remain in effect until GIW has received official notification of the change, the new credit application, and made a decision regarding the new applicant company's creditworthiness.

### Credit Terms of Sale:

Standard terms of sale are Net 30 days from invoice date, unless otherwise negotiated. Customers are responsible for ensuring they receive an invoice within 10 days of legal delivery date and must immediately notify GIW's Accounts Receivable department at [GIW-AR@ksb.com](mailto:GIW-AR@ksb.com) if no invoice is received. Customers are responsible for ensuring payment is received by GIW by the due date, regardless of the method of payment employed. Payments on all accounts 30 days past due must be made by EFT with any/all bank fees borne by the customer.

### Credit Policy:

Any account that is past due 30 days on one or more undisputed invoices will receive notice indicating that past due amounts must be paid immediately or the account will be placed on credit hold. If any undisputed past due item has been outstanding for more than 60 days it will be placed for collection at GIW's discretion. GIW reserves the right, as credit grantor, to modify the payment terms for any unbilled order, including requirement of advance payment, or to place an account on credit hold at any time if the customer has a past history of slow payment or is past due.

### NSF Checks:

If a check is returned due to non-sufficient funds, a service charge of at least \$35.00 will be billed back to your account along with the amount of the NSF check. A certified bank check or EFT will be required immediately to replace said funds. Credit will automatically be suspended until said replacement funds are received.

### Disputes:

It is the customer's responsibility to promptly inspect all goods upon receipt and immediately notify their GIW Customer Service contact in writing (email or fax) of any problem with said goods within five (5) days of receipt. The customer is also responsible for prompt inspection of all invoices and immediately notifying GIW's Accounts Receivable department by email at [GIW-AR@ksb.com](mailto:GIW-AR@ksb.com) of any problem with said invoice(s) within five (5) days of receipt.

**All information requested in this application is necessary to open an account with GIW. Incomplete forms cannot be processed. All pending accounts will be handled on a Cash in Advance or Credit Card basis until credit is approved.**

Check and initial:  I/we agree to the above

Initials: \_\_\_\_\_



<b>Legal Name:</b>		Credit line requested:	\$
Other name used (DBA):		<b>GIW Sales Contact</b>	
Date business opened:		GIW Name:	
Business Form:	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Prop. <input type="checkbox"/>
		Phone:	

<b>Billing Address</b>		Please list main trunk line phone numbers	
Name:		Phone:	
Street/P.O Box:		Fax:	
Street:		E-mail:	
City/ST/Zip:			

<b>Physical Address</b> (If different from Billing)		NAICS/SIC Industry Codes:	
Name:			
Street:			
Street:			
City/ST/Zip:			

<b>Shipping Address</b> (If different from Physical)		<b>SALES TAX EXEMPT?</b>	
Name:		(X) one please:	<input type="checkbox"/> Yes
Street:			<input type="checkbox"/> No
Street:		If Yes, fax copy of exemption certificate to:	
City/ST/Zip:		<b>706-650-3339</b>	

<b>Owners, Partners or Principal Officers</b>			
Name:		Title:	
Home Address:		Home Phone:	
City/State/Zip:		Bus. Phone:	
Name:		Title:	
Home Address:		Home Phone:	
City/State/Zip:		Bus. Phone:	
Name:		Title:	
Home Address:		Home Phone:	
City/State/Zip:		Bus. Phone:	
Name:		Title:	
Home Address:		Home Phone:	
City/State/Zip:		Bus. Phone:	

<b>Company Contacts</b>			
Primary Purchasing contact:		Phone:	
E-mail address:		Fax:	
Purchasing Manager:		Phone:	
E-mail address:		Fax:	
Primary A/P contact:		Phone:	
E-mail address:		Fax:	
A/P Manager or Controller:		Phone:	
E-mail address:		Fax:	

<b>Payment Information</b>			
Can your company remit payments electronically via ACH?		ACH contact information	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Name:	
If Yes, we prefer to send remittance details by:		Phone:	
<input type="checkbox"/> Bank (CTX format) <input type="checkbox"/> Email <input type="checkbox"/> Fax		Email:	



Bank Reference			
Bank Name:		Phone:	
Address:		Fax:	
City/State/Zip:		Account No.:	
Contact:			

Supplier Credit References – Complete addresses are necessary to process your application promptly			
Company Name:		Phone:	
Address:		Fax:	
City/State/Zip:		Contact:	
Company Name:		Phone:	
Address:		Fax:	
City/State/Zip:		Contact:	
Company Name:		Phone:	
Address:		Fax:	
City/State/Zip:		Contact:	
Company Name:		Phone:	
Address:		Fax:	
City/State/Zip:		Contact:	

<b>DUNS #:</b>	If the applicant company does not have a Dun & Bradstreet number <u>or</u> the Credit Line requested is \$50,000 USD or greater, please furnish GIW with a set of the latest audited annual and most recent quarterly financial statements. All private company financial statements are kept strictly confidential and used only for credit decision purposes.

The undersigned, as an inducement to grant credit, warrants that the information submitted herein is true and correct. The undersigned understands and agrees to GIW's stated policies and hereby authorizes GIW to investigate at any time the information submitted herein for the purpose of both initial and any ongoing credit extension to the applicant.

It is understood and agreed that payment is due according with the payment terms shown on the invoice. If third party action is required for collection of any balance, the applicant company hereby agrees to pay all associated costs incurred by GIW.

I hereby certify that I am authorized by the owners of the applicant company to bind said company to this credit agreement:

Signature:	
Print Name:	
Title:	
Date:	