



# UniControl Inc.



Policy & Procedures Manual  
 Tab: 1; General Administration  
 Section: Forms  
 Form G.A.E  
 Origin Date:  
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## CREDIT APPLICATION

BUSINESS INFORMATION		DESCRIPTION OF BUSINESS	
NAME OF BUSINESS		NO. OF EMPLOYEES	CREDIT REQUESTED
LEGAL (IF DIFFERENT)		TYPE OF BUSINESS	
ADDRESS		IN BUSINESS SINCE	
CITY		BUSINESS STRUCTURE	
STATE		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP
ZIP		<input type="checkbox"/> PROPRIETORSHIP	
PHONE		<input type="checkbox"/> DIVISION/SUBSIDIARY	
FAX		PARENT COMPANY	
		IN BUSINESS SINCE	
COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME:	TITLE:	ADDRESS:	PHONE:
NAME:	TITLE:	ADDRESS:	PHONE:
NAME:	TITLE:	ADDRESS:	PHONE:
BANK REFERENCES			
NAME OF BANK:		NAME TO CONTACT:	
BRANCH:		ADDRESS:	
CHECKING ACCT. NO:		PHONE:	
TRADE REFERENCES			
FIRM NAME:	CONTACT NAME:	PHONE:	FAX:
CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY			
<p>I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Hays Cleveland and Cleveland Controls, Divisions of UniControl Inc., in determining the amount and conditions of credit to be extended. I understand that Hays Cleveland and Cleveland Controls, Divisions of UniControl Inc., may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Hays Cleveland and Cleveland Controls, Divisions of UniControl Inc., in establishing a line of credit.</p>			
SIGNATURE	TITLE	DATE	
<p><b>POLICY STATEMENT:</b> INITIAL ORDER FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.</p> <p><b>TERMS:</b> 1% 10 NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED.</p>			