

GENUINE CABLE GROUP, LLC 8770 W BRYN MAWR AVE STE 1200 CHICAGO, IL 60631

Phone: 847-944-1500

We Make Connections Possible!

CREDIT AGREEMENT

Company Information

Legal Customer Name:		Trac	de/DBA Name:		
Billing Address:			City:	State:	Zip:
Shipping Address:			City:	State:	Zip:
Phone:	Fax:		Website:		
Business Profile					
Organization Type: Corp-Public	Corp-Private	LLC	Govt Agency	Proprietorship/F	artnership
Year Established: State/Province of Incorporation: _		tion:	# of Employees:		oyees:
Parent Company Name: (if application	able)				
Address:			City:	State:	Zip:
ryle of Business: Subsidiary			Division _		Duns#
Accounts Payable Info Contact Name:			·	g Information	
Phone:					
Fax:					
Email:			Email:		
Er	nail address for Invoic	ces:			
Tax Information					
	Federal Tax ID	#:			
Will your purchases be taxable?	YES NO				

If no, please provide any and all Tax Exempt and/or Resale certifications. Genuine Cable Group, LLC files sales tax in US and Canada. Failure to provide sufficient documentation on all places we ship to will result in sales tax being charged. Copies of certificates must be on file with our company in order for them to be valid.

Bank Information Bank Name: _____ Branch Location: ____ Acct#___ Contact Name: _____ Phone: ____ Fax: _____ **Trade Credit References** Company Name: _____ Contact: _____ Address: _____ City: ____ State: ___ Zip: ____ Phone: ____ Fax: ____ Email: ____ Company Name: _____ Contact: _____ Address: _____ City: ____ State: ___ Zip: ____ Phone: _____ Fax: ____ Email: _____ Company Name: _____ Contact: _____ Address: _____ City: ____ State: ___ Zip: ____ Phone: _____ Fax: _____ Email: _____ Indicate anticipated monthly purchases from Genuine Cable Group, LLC **Provide GCG Sales Representative** Confidential Financial Statements are greatly appreciated. **Business Credit Terms** Individual(s) and/or business named above (the "Applicant") applies for credit with Genuine Cable Group, LLC, (the "Creditor"). Applicant authorizes Creditor to make any and all inquiries necessary for action on this credit application. Sole Proprietors/Partners hereby consent to the use of non-business consumer credit reports. Applicant's signature attests financial responsibility, ability and willingness to pay Creditor invoices in accordance with the terms stated on each invoice. It is agreed and understood that the Applicant will be responsible to notify the Creditor if there are any changes in the Applicant's ability to pay. Directing us to start work or order materials on Applicant's behalf constitutes an acceptance of our Terms and Conditions, and those shall always be the governing terms. Terms on a subsequent purchase order that differ from Creditor's terms will not be valid. The undersigned individual certifies that he/she is authorized to complete the application on behalf of the Applicant and Applicant agrees to be bound by all the terms and conditions contained in this application. A late payment charge equal to the maximum amount by state law, not to exceed 1.5% per month may be imposed on delinquent invoices. In the event the account becomes delinquent, the Applicant waives the right to a jury trial and agrees to pay all collection costs and fees, including reasonable attorney's fees. Venue and jurisdiction of any legal action may lie either in the county and state of the Creditor's nearest branch office or the county of Creditor's corporate office at the sole option of the Creditor. Applicant certifies that the above information provided is true and accurate to the best of their knowledge and further agrees that a facsimile transmission of this Application to Creditor shall be as binding as that of an original signature. Authorized Signature _____Date _____

(Must be signed by

Print Name Here:

Officer)