



**COMPLETE & RETURN TO
ADDRESS BELOW**

**APPLICATION FOR CREDIT
&
CREDIT AGREEMENT**

COMPANY NAME	PHONE		
BILLING ADDRESS	CITY	ST	ZIP
STREET ADDRESS	CITY	ST	ZIP
NAME OF PARENT CORP., IF ANY			
ADDRESS OF PARENT CORP	CITY	ST	ZIP
INVOICES PAID BY:	LOCAL OFFICE		PARENT OFFICE

COMPANY OFFICERS/OWNERS

NAME	CORP.	PARTNERSHIP	PROPRIETORSHIP
ADDRESS	STATE & DATE OF INCORPORATION:		
CITY	TYPE OF BUSINESS		
NAME	PERSON IN CHARGE		
ADDRESS	OF PAYABLES		
CITY	ST	ZIP	PHONE

BANK REFERENCES:	NAME	PHONE
	ADDRESS	
	CHECKING ACCOUNT NO.	OFFICER
	LOAN OFFICER	

TRADE CREDIT REFERENCES

NAME			NAME		
PHONE			PHONE		
FAX			FAX		
ADDRESS			ADDRESS		
CITY	ST	ZIP	CITY	ST	ZIP
NAME			NAME		
PHONE			PHONE		
FAX			FAX		
ADDRESS			ADDRESS		
CITY	ST	ZIP	CITY	ST	ZIP

MISC. INFORMATION

DO YOU CLAIM A STATE TAX EXEMPTION?	YES	NO	(IF YES, SUBMIT EXEMPTION CERTIFICATE WITH APPLICATION)
FINANCIAL STATEMENT ATTACHED	YES	NO	
CREDIT LIMITED REQUESTED	\$		



CREDIT AGREEMENT:

Your signature(s) below mean(s) that in consideration of Aerovox extending credit to you, you agree to the following terms of this agreement.

1. Aerovox will assign you a maximum credit line and has the right to reduce or withdraw your credit privilege under this credit agreement at any time.
2. Aerovox will issue invoices for purchases made under the credit agreement. Payment of the purchase price shall be made pursuant to the terms set forth on each invoice. All invoices shall carry terms of net thirty (30) days unless otherwise indicated.
3. If your account becomes delinquent and remains that way in excess of sixty (60) days, all credit privileges may be canceled. If Aerovox requires outside agents to collect any default amount, that all reasonable collection, finance charges, attorney fees and court costs will be your obligation, as well as all principal amounts due.

My signature on the credit agreement and my/our use of the account constitutes my/our consent and conditions of the account and the credit agreement.

Everything I have stated in this application is correct to the best of my knowledge. You are authorized to check my/our credit history, to answer questions about My/our credit experience, and to confirm the information on this application with my bank.

I/we hereby acknowledge receipt of a copy of this credit agreement.

DATE	SIGNATURE OF PRESIDENT, OFFICER OR OWNER	TITLE
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