



**Häfele America Co.**

3901 Cheyenne Drive, P.O. Box 4000  
Archdale, NC 27263  
Phone: (336) 889-2322  
Fax: (336) 434-8129 or (336) 431-3973

# Agreement and Application for Credit

- please print or type -

For the purpose of obtaining merchandise from **HÄFELE AMERICA CO.** (Seller), the following statement is made by the Applicant, intending that the Seller should rely on same as correct.

Name of Applicant \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

**Billing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Shipping Address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business: \_\_\_\_\_

Sole Proprietorship [ ] \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Partnership [ ] \_\_\_\_\_ Credit line

Corporation [ ] \_\_\_\_\_ (FEIN or SSN) requested: \_\_\_\_\_

Purchases subject to Sales Tax? \_\_\_ Yes \_\_\_ No If no, attach exemption documentation.

### LIST ALL OWNERS, OFFICERS OR GENERAL PARTNERS

1. Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Title \_\_\_\_\_

2. Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Title \_\_\_\_\_

3. Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Title \_\_\_\_\_

### TRADE REFERENCES (List only active vendors, no credit cards)

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank Reference of Applicant**

Name \_\_\_\_\_ Checking Acct.# \_\_\_\_\_  
 Address \_\_\_\_\_ Savings Acct.# \_\_\_\_\_  
 City/St \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
 Person to contact \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank Reference of Guarantor(s)**

Name \_\_\_\_\_ Checking Acct.# \_\_\_\_\_  
 Address \_\_\_\_\_ Savings Acct.# \_\_\_\_\_  
 City/St \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
 Person to contact \_\_\_\_\_ Fax: \_\_\_\_\_

**TERMS OF AGREEMENT AND APPLICATION FOR CREDIT**

In consideration of Seller's extension of credit to Applicant, Applicant agrees to pay under the terms of this Agreement and Application for Credit (the "Agreement") when due (a) all debts, liabilities and obligations, now existing or hereafter coming into existence; (b) a service charge not to exceed 1 1/2% per month, or 18% per annum, (or the maximum allowable contract rate under applicable law) on the unpaid balance of any account or other Obligations (the "Service Charge"); and (c) reasonable attorneys' fees, costs and expenses incurred in connection with the collection and enforcement, or any attempts at collection and enforcement, of such debts, liabilities or obligations of Applicant, by or through any attorney, all of (a), (b) and (c) shall be referred to as the "Obligations".

Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of Seller. If Applicant fails to comply with Seller's prevailing terms or any of the provisions of this Agreement, Seller may declare the unpaid balance on this account immediately due and payable. In this event, Applicant agrees to pay such balance upon demand or Seller may, in the manner and as provided by applicable law, retake the goods or pursue any further remedy provided by applicable law.

Applicant hereby authorizes the use of this document, or a facsimile thereof, as consent for the release of credit information to Seller by the above-listed Trade and Bank References.

Applicant certifies that the statements on this Agreement are true, correct and complete, and that they have been made in order to obtain credit from Häfele America Co.

If more than one person shall execute this Agreement, the term "undersigned" shall mean all parties executing this Agreement, and any liability under this Agreement shall be joint and several.

Applicant has executed this Agreement under seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**IF CORPORATION (must be signed and sealed by a duly authorized officer)**

.....  
 Name of Corporation

By: .....  
 Name of Officer Title

.....  
 Signature of Officer Corporate Seal

**IF INDIVIDUAL OR SOLE PROPRIETORSHIP**

..... (Seal)

**IF LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP**

(must be signed by all general partners)

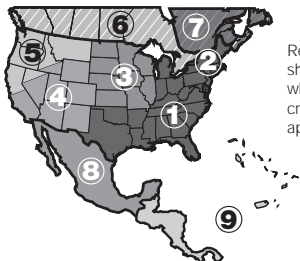
.....  
 Name of Partnership

By: ..... By: .....  
 Print Name of General Partner Print Name of General Partner

.....  
 Signature of General Partner

.....  
 Signature of General Partner

Alaska and Hawaii are Zone 5  
 Puerto Rico and Caribbean are Zone 8



Refer to map shown here when faxing credit application.

- ① 3901 Cheyenne Drive Archdale, NC 27263 Fax 336-434-8129
- ② 19641 Harbortgate Way Torrance, CA 90502 Fax 310-525-2206
- ③
- ④
- ⑤

- ⑥ 5323 John Lucas Drive Burlington, Ontario L7L 6A8 Canada Fax 905-319-4445
- ⑦
- ⑧ Caribbean/Central America 3901 Cheyenne Drive Archdale, NC 27263 Fax 336-431-6833