



AIR & HYDRAULICS, INC.

7209 East Adamo Drive
Tampa, Florida 33619
(813) 626-4128 / (800) 282-4165
FAX (813) 626-7808

**APPLICATION
FOR OPEN ACCOUNT
TERMS: NET 30 DAYS**

PLEASE DELIVER THIS TO:

<mailto:acctsrec@adamsair.com>

PLEASE PRINT OR TYPE ALL INFORMATION:

Date _____

Company Name _____

Phone Number () _____ Fax Number () _____

A/P Contact _____ A/P Fax # _____

A/P Direct # _____ E-Mail Add: _____

Bill to: _____ Ship to: _____

Corporation Partnership Limited Partnership Proprietorship

NAME(S) OF OFFICERS OR PRINCIPAL OWNER(S):

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Nature of Business _____ Number of Years _____

Are purchase orders required? Yes No

CREDIT CARD OPTION:

Would you like to establish a credit card account? Yes No

If "YES", which credit card will you be using? AMEX M/C VISA

Card Number _____ Exp. Date: ____ / ____ (MM/YY)

Name of cardholder (as printed on card): _____

Signature of cardholder authorizing purchases: _____

BANK REFERENCE

Bank Name _____ Contact _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Account Number _____

TRADE REFERENCES

(Please include Fax Numbers or Email Address)

1. Name _____ Account Number _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax Number () _____
Email _____

2. Name _____ Account Number _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax Number () _____
Email _____

3. Name _____ Account Number _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax Number () _____
Email _____

4. Name _____ Account Number _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax Number () _____
Email _____

A trade reference sheet containing your credit information is acceptable provided all information requested is contained therein. Note: A minimum of 3 trade references is required.



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PLEASE NOTE: The following credit agreement **must be signed BY AN OFFICER or OWNER** of the company in order to be approved for open account. The tax card submitted must also be completed (in full), signed and returned for our records before ANY orders can be processed as non-taxable.

CREDIT AGREEMENT

The applicant does hereby certify that the information provided herein is accurate and complete, and further agrees to permit ADAMS AIR & HYDRAULICS, INC. to use the information to obtain additional credit references that it deems necessary, regarding the applicant, including without limitation, personal credit reports, trade references and bank or other financial institution references, and applicant further authorizes the release of said information to ADAMS AIR & HYDRAULICS, INC. by any and all third parties. If, after complete review of this application, the applicant is approved, the applicant hereby understands and agrees that all purchases made on open account will be PAID IN FULL, no later than thirty (30) days from the date of each purchase. In submitting this application for extension of credit, the applicant understands that all accounts over thirty (30) days are delinquent and shall accrue a late charge equal to one and one-half percent (1.5%) per month, not to exceed an annual charge of eighteen percent (18%) per year, or the applicable maximum rate allowed by law, whichever is less. The applicant understands and agrees that ADAMS AIR & HYDRAULICS, INC. shall have no obligation to extend any further credit to any open account that is delinquent past the herein described thirty (30) day period. All costs of collection will be the applicant's responsibility, including without limitation, reasonable attorney fees and costs, should collection through an attorney be necessary, to include without limitation, pre-trial negotiations, trial, appellate and bankruptcy proceedings. The applicant hereby agrees that the choice of law governing this application is that of the State of Florida, and that jurisdiction and venue for any litigation that may arise from or relate to this application, shall solely reside in the state and federal courts of Hillsborough County, Florida.

The undersigned agrees to assume full responsibility for any and all purchases made on open account by any of the applicant's officers, directors, employees or agents. In consideration of the credit extended hereunder, the undersigned, jointly and severally, hereby unconditionally guarantee(s) full payment on open account.

Company Name _____	Authorized Signature _____
Date _____	Printed Name _____
	Title _____

PLEASE NOTE: BE SURE TO SEND A COPY OF YOUR ANNUAL RESALE CERTIFICATE SO THAT TAX IS NOT ADDED TO YOUR ORDERS.