

RSW Technologies LLC

135 Dixie Highway
Rossford, Ohio 43460
Phone: (800) 247-2102 Ext. 114
(419) 662-8100 Ext. 114
Fax: (419) 662-8200
Email: pam@rswtechnologies.com



CREDIT APPLICATION

Date: _____ Company Established: _____
Company Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Company President/CEO: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____
Primary Contact: _____ Secondary Contact: _____
A/P Contact: _____ A/P Email: _____
A/P Phone: _____ A/P Fax: _____

REFERENCES

Company Name: _____ Company Name: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
Contact: _____ Contact: _____

Company Name: _____ Company Name: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
Contact: _____ Contact: _____

BANK INFORMATION

Name of Bank: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Account Number: _____ Contact: _____

Please fill out this form and return to the attention of CFO as soon as possible. Thank you.

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OPEN ACCOUNT AGREEMENT

The Firm (or Individual) named below hereby makes application for credit and provides the information contained herein, which is warranted to be true and correct, for the purpose of inducing RSW Technologies LLC to make periodic sales to it on credit. In consideration thereof, it is agreed and understood that:

1. The undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements on its behalf.
2. All open account balances are due and payable in full within 30 days from date of invoice.
3. A service charge of 1.5% per month will be charged on all past due accounts until paid in full including payment of such finance charges.
4. All payments shall be made to RSW Technologies LLC, 135 Dixie Hwy., Rossford, OH 43460.
5. In the event of default of payment when due, all costs of collection, including attorney's fees and court costs, shall be paid by applicant.

Company Name

Phone

Address

Fax

City, State, Zip

E-Mail

I have read and agree to the above Terms and Conditions, set forth in this Agreement.

Signature of Owner/Officer

Print Name and Title