



NEW ACCOUNT APPLICATION - INT'L

Please mail or fax to:
146 Log Canoe Circle
Stevensville, Maryland 21666
Tel: 410-604-2900 1-800-999-2700
Fax: 410-604-2906

Thank you for selecting Miltec UV as your supplier of UV and IR products. We wish to serve you in the most professional manner possible. To establish the most reasonable credit line, to meet your business supply needs, we need you to provide us with the following information.

Company Information:

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #:() _____ Fax #:() _____
E-mail Address: _____ Dun & Bradstreet#: _____

Owners/Officers:

Name: _____ Title _____
Name: _____ Title _____

Account Payable Contact:

Name: _____ Email: _____

(If Sole Proprietor, complete the below section):

Name: _____
Residential Address: _____
City: _____ Province: _____ Postal Code: _____
Home Telephone #:() _____
S.I.N. # _____ Spouse's Name: _____

Date Business

Established: Month _____ Year _____

We will require a Credit Line of \$ _____ .00 to handle our purchasing levels.

Primary Banking:

Bank Name: _____ Acct. #: _____
Telephone #:() _____ Fax #:() _____

AUTHORIZATION TO OBTAIN CREDIT INFORMATION FOR ENTITY, OFFICERS, PARTNERS, OWNERS

Name _____ Title _____

Signature _____

I (we) consent that you may release normal credit information relative to my account, as named above to Miltec UV.

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Trade References in the USA

Please do not list revolving (credit card) credit accounts

1. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #:() _____ Account # _____
Product or Service Purchased: _____
2. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #:() _____ Account # _____
Product or Service Purchased: _____
3. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #:() _____ Account # _____
Product or Service Purchased: _____

PLEASE DO NOT CHARGE US TAX!

We have a tax resale number.

Please attach a copy of resale tax certificate.

(Without this copy you will be charged sales tax.)

PST #: _____

V.A.T. # _____

Province: _____

All invoices are due on a **net 30** day basis and that interest in the amount of 1.5% per month (18% annual rate) will be assessed on past due invoices. WE also understand and agree Miltec UV has our permission to conduct a credit investigation from time to time including but not limited to bank and trade references, and credit bureaus. In the event we default in our payments, we agree that Miltec UV may assess us, and we agree to pay, reasonable attorney fees, collection agency fees and other costs associated with their collection efforts. It is understood that each Province or state has applicable laws where you do business, it will be applied for any litigious transactions. It is understood that credit privileges can be cancelled or modified at Miltec UV's discretion. In consideration of Miltec UV extending credit to the Company referenced on this application, the undersigned jointly and severally agree to be personally liable for the payment of any amounts owing to Miltec UV.

By (signature): _____ Title _____ Date ____/____/____

By (signature): _____ Title _____ Date ____/____/____

FOR MILTEC SALES USE ONLY

Reviewed by: _____

DC Code: _____

Date: _____

FOR CREDIT/TREASURY SERVICES USE ONLY

Credit Line Established \$: _____

By: _____

Date: _____