

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

RUAG Ammotec USA, Inc. CREDIT DATA

BUSINESS CONTACT INFORMATION

Company name:

Contact Name:

Phone:

Fax

E-mail:

Company address

City:

State:

ZIP Code

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND BANKING INFORMATION

Nature of Business

Federal Tax ID:

Bank name:

Bank address:

Contact:

Phone

City:

State

ZIP Code:

Type of account

Account Number

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you are authorized to make inquiries into the banking and business/trade references that we have supplied.

SIGNATURES

Title:

Date:

Title:

Date: