

DYNAMIC BALANCE MACHINE

APPLICATION FOR CREDIT

PLEASE FULLY COMPLETE THIS THREE-PAGE APPLICATION, SIGN, AND RETURN

Date

COMPANY INFORMATION (COMPLETED BY CUSTOMER) 1) Name of Company

EMAIL TO: benlang@dbmach.com

2) Company Number (Tax ID or other)			
3) Company Address:	City, and State, Province or Coun	Country ty	Post/Zip Code
4) Company Owner's Address (if applicable):	City and State, Province or Count	Country y	Post/Zip Code
5) Phone Number	Fax Number	Hov	v long in business?
6) Estimated Annual Purchases:		Requested Credit Limit:	
7) Dun & Bradstreet Number (if application	ble)		
 Please indicate Company's legal en Corporation Ltd. Liability Company Ltd. Liability Partnership 	ntity form:	Sole Proprietorship Other If you are a business uni full legal name and locat a unit:	it or division, please indicate the ion of the entity of which you are
9) Affiliate Status. If Company is owned in whole or in part by one or more commercial legal entities, please indicate the full legal name(s) of the owner(s) and, if more than one, their respective shares of ownership:		Name: Share of Ownership: Name: Share of Ownership:	
AP e-mail address:		Other e-mail contact add	Iress:
10) Primary Accounts Payable ("AP") (Contact Name	AP Phone	

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TERMS OF SALE

Dynamic Balance Machine provides agreed goods and services in exchange for payment within terms. It is Dynamic Balance Machine's normal policy to extend payment terms of 30 days from invoice date to qualified applicants. Payment is expected at Dynamic Balance Machine's designated address (specified on the invoice) within 30 days of the invoice date. Thirty (30) day terms are upheld. Cash on Delivery (COD), Payment Prior to Shipment (PPS) or any other method of payment may be required pending receipt and review of a customer's credit application.

It is understood and agreed that once Dynamic Balance Machine has approved the credit application, payment will be tendered according to the assigned credit terms. Dynamic Balance Machine may take any remedial action available to it and/or modify or revoke your credit terms in case of failure to make payment as agreed. This may include, but is not limited to, use of outside agencies or attorneys. By signing this application, Customer agrees that it is responsible for payment of costs and fees incurred by Dynamic Balance Machine or by outside service agencies or attorneys to collect amounts past due.

(If the Customer is a business unit or division of an entity, versus a separate legal entity, the legal entity which owns Customer must be named as the Customer, though the division or business unit name may also be indicated, and the individual signing must be an authorized signatory of the legal entity which owns the division or business unit.)

Printed Name of Customer or Legal Entity Owner:

Signature:

Title: _____

Date: _____

NEW APPLICATIONS MUST INCLUDE THE FOLLOWING FOR EACH CUSTOMER AND EACH JOINTLY RESPONSIBLE INDIVIDUAL OR ENTITY:

□ TWO Trade References

Bank References

□ Accts Payable Contact Name/Phone/Fax numbers

CREDIT & TREASURY SERVICES USE ONLY

DATE	LOG IN TIME	NEW ACCOUNT	EXISTING ACCOUNT
ACTIVE SBU/CUST #_			
BUSINESS UNIT NO	CUSTOMER	R I.D CREDIT LIN	ETERMS
APPROVED BY:	PHONE_	DATE	MANAGER CODE

STATEMENT OF INDIVIDIUAL AND/OR JOINT AND SEVERAL LIABILITY To be Signed by Owners of Sole Proprietorships, and upon request of Dynamic Balance Machine, by Partners or Owners of Partnerships, Joint Ventures, and Privately Held Corporations

The undersigned hereby acknowledge, if he or she is the principal of a Customer named above that is a Sole Proprietorship, that he or she is personally liable for all of the debts of the Customer, regardless of whether the Customer uses a trade name other than the undersigned's name.

Each of the undersigned Partners or Owners who are not Customers hereby agrees to be jointly and severally liable for, and to pay, all invoices of the Customer named above in accordance with such Customer's contract with Dynamic Balance Machine and this application for credit. in the event of such Customer's failure to pay any invoice or other amount when due.

Printed Name of Sole Proprietor, Partner or Owner:	Printed Name of Additional Partner or Owner:
Signed By:	Signed By:
Its:	Its:
(Fill in title if partner or owner is a legal entity rather than an individual)	(Fill in title if partner or owner is a legal entity rather than an individual)
Date:	Date:

AUTHORIZATION TO OBTAIN CREDIT INFORMATION FOR ANY PARTNER, OWNER OR INDIVIDIUAL NAMED ABOVE AS A PARTY THAT IS LIABLE FOR THE DEBTS OF THE CUSTOMER NAMED ABOVE

Each of the undersigned hereby expressly authorizes Tridium to obtain credit information concerning the undersigned:

Printed Name of Partner. Owner:	Printed Name of Additional Partner or Owner:
Signed By:	Signed By:
lts:	lts:
(Fill in title if partner or owner is a legal entity rather than an	(Fill in title if partner or owner is a legal entity rather than an
individual)	individual)
Date:	Date: