

Credit Application

Potter Associates, Inc

24 Browncroft Blvd.

Rochester, NY 14609

585-288-2850

585-288-6038 Fax

www.potterassoc.com

Please Indicate Type of Request

COD Net 30

Credit Card

Credit Card # _____

Type _____ Security code _____

Name on card _____

Company Information

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Name of Bank _____ Acct # _____

Address of Bank _____ Phone _____

Trade References

1. Name & Address _____

City, State & Zip _____

Phone _____ Fax _____

2. Name & Address _____

City, State & Zip _____

Phone _____ Fax _____

3. Name & Address _____

City, State & Zip _____

Phone _____ Fax _____

Credit Agreement

I understand the following and will abide by your company regulations:

1. Notify Potter Associates of any changes in ownership of our company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our account will become COD if we fail to pay invoices within the above Stated terms.
4. Our company's financial condition is satisfactory and we can meet all financial obligations.
5. There are no lawsuits or judgements against our company at this present time. If our Company defaults on payment of any outstanding valid invoices we agree to pay Attorney and/or collection expenses.

Signed _____ Date _____

Title _____