

# UNITED AUTOMATION, INC.

1491 N. KEALY SUITE 4, LEWISVILLE, TX 75057 \* PH. 972-420-1123 \* FAX 972-420-1103

## CREDIT APPLICATION

|                 |     |       |
|-----------------|-----|-------|
| Company Name    |     |       |
| DBA / Alt. Name |     |       |
| Main Phone      | Fax | Email |

### Company Bill to Information

|                |       |          |
|----------------|-------|----------|
| Address        |       |          |
| Address Line 2 |       |          |
| City           | State | ZIP Code |
| A/P Contact    |       |          |
| A/P Phone      | Fax   | Email    |

**To receive your invoices via email only, please provide the email address below:**

|                                |
|--------------------------------|
| Email for Invoice Transmittal: |
|--------------------------------|

### Company Ship to Information

|                |       |          |
|----------------|-------|----------|
| Address        |       |          |
| Address Line 2 |       |          |
| City           | State | ZIP Code |
| Contact        |       |          |
| Phone          | Fax   | Email    |

|                               |  |                        |       |
|-------------------------------|--|------------------------|-------|
| Type of Business: Corporation | Sole Proprietorship                    | Partnership            | Other |
| Federal Tax ID or SSN         | State of Incorporation (if applicable) |                        |       |
| Date Established              | No. of Employees                       | Credit Limit Requested |       |

|  |
|--|
| Name and title of Corporate Officers, Partners or Owner as applicable: |
|--|

|                          |         |            |
|--------------------------|---------|------------|
| <b>SALES TAX STATUS:</b> | Taxable | Tax Exempt |
|--------------------------|---------|------------|

***IF SALES TAX EXEMPTION IS CLAIMED YOU MUST PROVIDE A COPY OF EITHER A VALID Texas Resale Certificate OR Texas Sales Tax Exemption Certificate.***

|   |                        |    |
|---|------------------------|----|
| Have you ever had open credit with United Automation, Inc.? | YES                    | NO |
| If YES - Name of previous account:                          | Date of last purchase: |    |
| Does your company require Purchase Orders?                  | YES                    | NO |

|                    |
|--------------------|
| Authorized Buyers: |
|--------------------|

|   |
|---|
| Types of products you wish to purchase: |
|---|

|  |
|--|
|  |
|--|

# UNITED AUTOMATION, INC.

1491 N. KEALY SUITE 4, LEWISVILLE, TX 75057 \* PH. 972-420-1123 \* FAX 972-420-1103

## TRADE REFERENCES

|                 |           |          |
|-----------------|-----------|----------|
| 1. Company Name |           |          |
| Contact         | Acct. No. |          |
| Address         |           |          |
| City            | State     | ZIP Code |
| Phone           | Fax       | Email    |

|                 |           |          |
|-----------------|-----------|----------|
| 2. Company Name |           |          |
| Contact         | Acct. No. |          |
| Address         |           |          |
| City            | State     | ZIP Code |
| Phone           | Fax       | Email    |

|                 |           |          |
|-----------------|-----------|----------|
| 3. Company Name |           |          |
| Contact         | Acct. No. |          |
| Address         |           |          |
| City            | State     | ZIP Code |
| Phone           | Fax       | Email    |

|                 |           |          |
|-----------------|-----------|----------|
| 4. Company Name |           |          |
| Contact         | Acct. No. |          |
| Address         |           |          |
| City            | State     | ZIP Code |
| Phone           | Fax       | Email    |

## BANK REFERENCE

|                 |                |          |
|-----------------|----------------|----------|
| Bank Name       |                |          |
| Contact         |                |          |
| Address         |                |          |
| City            | State          | ZIP Code |
| Phone           | Fax            |          |
| Type of Account | Account Number |          |

**UNITED AUTOMATION, INC.**

**1491 N. KEALY SUITE 4, LEWISVILLE, TX 75057 \* PH. 972-420-1123 \* FAX 972-420-1103**

I represent by my signature below, that the above information is true and has been given to induce UNITED AUTOMATION, INC. to extend credit to the applicant. My company and I authorize UNITED AUTOMATION, INC. to make such credit investigation as UNITED AUTOMATION, INC. sees fit, including contacting the above Trade References, Bank Reference and credit reporting agencies to obtain any and all information concerning the financial and credit history of my company and myself.

**GENERAL TERMS AND CONDITIONS:**

Invoices are sent at time of shipment. Terms are NET 30 days from invoice. Invoices not paid within 30 days from invoice date are considered past due. A service charge of 2% per month will be added for all past due invoices. Should your account become past due and require third party involvement, you agree to pay interest, collection fees, legal fees (including court costs and attorney fees).

I have read and agree to the terms and conditions stated above:

|                                  |       |
|----------------------------------|-------|
| SIGNATURE OF AUTHORIZED OFFICER: |       |
| PRINTED NAME:                    |       |
| TITLE:                           | DATE: |

\*\*\*\*\*

Please return signed application with any attachments  
by fax to Attn: Credit Dept. at fax number 972-420-1103  
or by e-mail to [uaacct@automation-dfw.com](mailto:uaacct@automation-dfw.com).

Note: Credit will not be extended to past due accounts unless satisfactory payment arrangements are made with our Credit Department.

---

INTERNAL USE ONLY:  
NOTES: \_\_\_\_\_

---

APPROVED BY: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_