

**Breeza Fans USA**  
**Division of Design Industrial Radiators, Inc.**  
**301 HWY 34**  
**Utica, Nebraska 68456-0065 USA**  
**Corporate: Tel (402) 534-2015 Fax (402) 534-3402**

**APPLICATION FOR CREDIT**

Please complete the following application. All information will be held in strictest confidence. Applicant authorizes Design Industrial Radiators, Inc., to contact and verify credit references and agrees to credit terms noted below upon approval of application. Nebraska Corporations requesting exemption from Sales Tax must provide a completed Form 13.

COMPANY NAME: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

GENERAL MANAGER: \_\_\_\_\_  
PURCHASING AGENT: \_\_\_\_\_  
A/P MANAGER: \_\_\_\_\_

PURCHASE ORDERS REQUIRED: Yes \_\_\_ No \_\_\_

CORPORATION \_\_\_ LLC \_\_\_ PARTNERSHIP \_\_\_ PROPRIETORSHIP \_\_\_  
YEAR BUSINESS ESTABLISHED: \_\_\_ IF INCORPORATED – DATE: \_\_\_\_\_ STATE: \_\_\_\_\_

TRADE REFERENCES: (Names of Companies you buy from on open account).

COMPANY: _____	ATTN: _____
Address: _____	TEL: _____
_____	FAX: _____

COMPANY: _____	ATTN: _____
Address: _____	TEL: _____
_____	FAX: _____

COMPANY: _____	ATTN: _____
Address: _____	TEL: _____
_____	FAX: _____

BANK REF: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
Account No: \_\_\_\_\_

**CREDIT TERMS:** Applicant agrees to pay the full amount of the invoice(s) within 30 days of the invoice date. If payment in full is not received within 60 days of the invoice date, applicant agrees to pay, in addition to the invoice amount, a late charge of 5.0% of the total invoice amount. The applicant agrees to pay the cost of collection, including attorney's fees, court costs, and collection fees, if any. Applicant agrees that venue and jurisdiction for any such court action shall properly be at Seward, Nebraska.

I hereby certify that I am an officer of Applicant and that I am properly authorized to execute this agreement on Applicant's behalf. I further certify, being knowledgeable of the financial conditions of Applicant, that applicant is financially solvent and in good credit standing with its creditors.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_