AMCI ADVANCED MICRO CONTROLS INC.
20 GEAR DRIVE, PLYMOUTH INDUSTRIAL PARK, TERRYVILLE, CT 06786

Credit Application

NOTE: Credit applications are processed when accompanied by a first-time minimum order of $250. Smaller first-time orders require prepayment or a credit card.

Fields marked with an asterisk (*) are required. Your application will not be accepted without this information. Depending on your input, additional information might be required. Please read all instructions carefully.

SECTION 1 - Company Information

* Credit Limit Requested:
*(**Reminder:** Minimum $250 order required with credit application)*

* Company Name (doing business as):

Billing Address **Shipping Address**

Applications accepted only from U.S. and Canadian customers

* Billing Address for invoices and statements:

* Billing City:

* Billing State or Province:

* Billing ZIP:

* Billing Phone (xxx-xxx-xxxx):

Billing Fax (xxx-xxx-xxxx):

* Physical / Shipping Address (cannot be a P.O. Box)

* Shipping City:

* Shipping State or Province:

* Shipping ZIP:

Federal Taxpayer Identification Number:

* Business Type / Legal Structure:

Social Security # (required for proprietorships or partnerships):

* Date business was established:

* Number of employees:

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SECTION 2 - Parent Company Information

* Do you have a parent company? ◯ Yes (if yes, continue section) ◉ No. (if no, move to Section 3)

SECTION 3 - Accounts Payable Information

* A/P Contact Name:

* A/P E-mail Address:

* A/P Phone:

A/P Fax:

Name of A/P Manager:

Purchasing Contact:

SECTION 4: References

The following information is required for open account billing for over $250. (First time orders less than $250 must use a credit card.) 30 day net terms only.

If a credit limit greater than $20,000 is requested, financial statements are required. Please fax to (860) 584-1973.

Customer Trade References
(Commercial and industrial trade vendors with open account status only.) Minimum of three references required.

1. * Name: * Phone (xxx-xxx-xxxx):

   * Address: * Fax (xxx-xxx-xxxx):

   * City: * Account Number:

   *State or Province *ZIP:

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20 GEAR DRIVE, PLYMOUTH INDUSTRIAL PARK, TERRYVILLE, CT 06786

Credit Application

2. * Name: * Phone (xxx-xxx-xxxx):

   * Address: * Fax (xxx-xxx-xxxx):

   * City: * Account Number:

   *State or Province *ZIP:

3. * Name: * Phone (xxx-xxx-xxxx):

   * Address: * Fax (xxx-xxx-xxxx):

   * City: * Account Number:

   *State or Province *ZIP:

4. Name: Phone (xxx-xxx-xxxx):

   Address: Fax (xxx-xxx-xxxx):

   City: Account Number:

   State or Province ZIP:

Bank References

1. Bank Name: Phone (xxx-xxx-xxxx):

   Address: Fax (xxx-xxx-xxxx):

   City: Checking Account Number:

   State or Province ZIP: Loan Account Number

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Credit Application

2. Bank Name: Phone (xxx-xxx-xxxx):

Address: Fax (xxx-xxx-xxxx):

City: Checking Account Number:

State or Province ZIP: Loan Account Number

Submitting Your Application

* Please select one of the following options.

1. Submit application electronically: Please email the completed application to accounting@amci.com

2. Fax application: Please print, sign, and fax the completed application to our credit department at (860) 584-1973.

Processing time to establish a line of credit typically takes **1 to 2 business days**.

All statements made herein are true and accurate to the best of our knowledge. We authorize Advanced Micro Controls Inc (AMCI) to make any and all inquiries necessary for action on this credit application. Note that any account over 30 days past due is subject to interest charges of 1.5 percent per month (18% APR) on the unpaid balance where allowable by law as well as any attorney's fees, court costs, and other costs of collections. In the event a check is returned to us by our bank, a $25 fee will be added to your account. Credit accounts may be suspended at any time.

* Please print name: * Your e-mail address:

* Signature: * Date: