

100 Thielman Drive
Buffalo, NY 14206
Phone: 716-822-5438 Fax: 716-332-0717

For Office Use Only:
Approved By _____ Limit _____

Declined By _____ Date _____

Application For Credit

Please fax back to Skyworks Credit Department (716)332-0717

Credit Limit Requested: Company Name:

DBA: Parent Co.

Phone # Fax # Cell Phone #

Physical Address: Years:
(including: city, state, zip)

Billing Address: County:

Individual Partnership Corporation LLC Federal ID #

SS # Owner: President: SS #

State of Incorporation: Year Incorporated: Years in Business:

Business Type: Annual Sales: D & B #:

Accounts Payable Contact: Phone #: Fax #:

Bank Name: Phone #: Contact: Acct #:

You must carry insurance on rented equipment, please have your agent send us a Certificate of Insurance (Attn: Credit Dept) for Gen. Liability of \$1,000,000 and Physical Damage/Equipment Coverage of \$100,000. Please list Skyworks, LLC as additional insured/loss payee on certificate.

Insurance Co: Agent: Phone #

Bonding Company Name & Address:

Tax Exempt: If Yes, Please Attach Exemption Certificate PO Required: Yes No

TRADE REFERENCES - SUPPLIERS (Excluding all equipment rental companies) please provide fax #'s)

1) Name City, State Phone # Fax #

2) Name City, State Phone # Fax #

3) Name City, State Phone # Fax #

4) Name City, State Phone # Fax #

If New in Business (1 year or less) or have no credit trade references, please supply personal credit card information.

Card Name Acct Number: Exp. Date:

The information in this Application is provided for the purpose of obtaining or maintaining credit information with you. The undersigned understands that you are relying on the information provided herein in deciding to grant, continue or deny credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or parts purchased, service and equipment rentals ordered or delivered pursuant hereto will be governed and settled under applicable principles of New York Law, under jurisdiction of New York Courts and that venue in any such action shall be in the County of Erie. I understand that neither this application nor any information provided in connection with it shall create any obligation or understanding on the part of vendor/lessor to extend any credit whatsoever.

NOTE: I agree that any credit granted by vendor/lessor herein is subject to the terms stated on the invoice and is bound to pay service charges of 1.5% per month (18% yearly) on invoices unpaid after 30 days. If vendor/lessor employs the service of an attorney to collect a delinquent account, purchaser agrees in addition, to pay vendor/lessor's expenses including attorney fees. The undersigned acknowledges receipt of a copy of this credit agreement (if entity is a partnership, all owners must sign).

Name: Title: Date:

Name: Title: Date:

Name: Title: Date: