


<b>Credit Application</b> <b>CINTRONICS</b> Online.com		<b>Account #:</b> (if any):	Order Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales Rep
FLS, Inc./dba CintronicsOnline 31W154 91st St., Suite 105 Naperville, IL 60564-5676 (800) 469-6484 (630) 375-9275 		Please Check One: <input type="checkbox"/> Credit Card: _____ <input type="checkbox"/> Cod-Company Check <input type="checkbox"/> Net Terms Requested Credit Limit:		
Company or Corporate Name (Exact Legal Name)		Doing Business As:	Telephone#	
Billing Address		City	State	Zip
Shipping Address		City	State	Zip
Business is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship Year Started _____ State of Inc _____ D&B _____		(check one) <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Proprietor Name:		
Parent Company Name:		Home Address:		
Address:		City:	State	Zip
City: _____ State _____ Zip _____		SSN:	Birthdate	
<b>These Fields Are Required</b>				
A/P Contact Name:		Purchasing Manager Name:		
E-Mail Address for Invoices:		E-Mail		
A/P Phone Number		Phone #		
<b>Bank References</b>				
Name	Contact Name	Phone #	Date Opened	
Street Address		City	State	Zip
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan #	
Name	Contact Name	Phone #	Date Opened	
Street Address		City	State	Zip
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan #	
<b>Credit Card Authorization</b>				
Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Acct #				Exp.
Cardholder's Name (As it appears on card)				
Card Billing Address	City	State	Zip	Phone #
I authorize FLS, Inc DBA, Cintronics to charge purchases of product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by FLS, Inc.				
Cardholder's Printed Name		Cardholder's Signature		Date
<b>Financial Authorizaton - TO RELEASE CONFIDENTIAL INFORMATION</b>				Date:
To Financial Institution		From FLS, Inc. Customer		
ATTENTION: Bookkeeping/Loan department				
Please accept this as authorization to release the following information to FLS, Inc. For the purpose of extending credit.				
Checking Acct. #	Savings Acct #	Loan #	Signature	

**Credit Application****CINTRONICS**Online.comPlease provide credit reference information for **three major suppliers:**

Name:	Contact Name:	Phone/Fax:
Street Address	City State Zip	Account #
Name:	Contact Name:	Phone/Fax:
Street Address	City State Zip	Account #
Name:	Contact Name:	Phone/Fax:
Street Address	City State Zip	Account #

By signing below you represent that your business is a valid business entity and that you are an authorized representative of the business with authority to enter into contractual agreement. You hereby agree to the terms of sale listed on each FLS, Inc. invoice. Invoices and account statements will be provided by e-mail to the designated contact. In case of a credit sale, you acknowledge that FLS, Inc. will charge a finance fee of one and one-half percent per each thirty day period, or part thereof, for any invoice that is past due. On behalf of your business, you certify that all information provided in this application is complete and accurate, and you authorize FLS, Inc. to obtain information about you personally and your business from credit reporting agencies and other sources FLS, Inc. deems appropriate in considering this Application and subsequently for purposes of updates, renewals, or extensions of credit granted as a result of this Application or in receiving or collecting the Account. You agree that your transactions with FLS, Inc. shall be governed by an construed in accordance with the laws of the State of Illinois, without giving effect to its conflicts of laws principals. You further agree that any lawsuit between FLS, Inc. and yourselves shall be brought only in the state of federal court of Will county in the state of Illinois. You hereby submit to the jurisdiction of such court in any dispute with FLS, Inc. and you waive any objections to venue being in such court.

Authorized Individual (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Guarantee**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
 (print guarantor's name) (guarantor's home address)

for good and valuable consideration, including the extension of credit to the company or companies listed on this application (Customer) from which I will benefit, do hereby personally guarantee and promise to pay on demand any obligation of Customer to FLS, Inc. without regard for any claim of setoff, counterclaim or defense. I hereby waive notice of sales to Customer, and of the terms thereof, and of non-payment or other default or dispute with Customer. I hereby waive any right to a jury trial and consent to all renewals and modifications of terms of sale or credit. This is a continuing and irrevocable guarantee and I hereby subordinate any indebtedness of Customer to me to that of Customer to FLS, Inc.

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

Please attach Personal Financial Statements of Guarantor. SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**FLS, Inc./dba CintronicsOnline Sales Phone**  
**(800) 469-6484**
**Credit FAX**  
**(630) 375-9344**