

Credit Application (Highlighted fields are required)

Bill To Information:				Ship To Information: (check if same as billing			g
Company:				Company:			
Contact Name:				Contact Name:			
Address:				Address:			
City:			Zip:	City:	St:	Zip:	
Phone:	Fax:			Phone:	Fax:		

We will email invoices in lieu of fax or mail, if acceptable.			
AP Email for Invoices/Statements:		AP Fax #	
Sale Tax and or Use Tax Exempt? No	Yes	Exempt/Resale #	

General Business Information:

Type of Business		Date Business Began
Sole Proprietorship	Partnership	Corporation
Owner/Officer	Owner/O	fficer
Title	Title	
Address		
CityState2		StateZip
Home Phone	Home ph	one
Name of Bank	Name of I	Bank
Address	Address	
Account Number	Account	Number

Trade References:

1 <mark>. Name</mark>			2. Name		
Address			Address		
City	State	ZipCityStateZip			Zip
Telephone Number	Telephone Number				
Fax Number	Fax Number				
3. Name			4. Name		
3. Name Address			4. Name Address		
	State	Zip		State	Zip
Address	_State	Zip	Address	State	Zip
City	_State_	Zip	Address City	State	Zip

I/we understand and agree that the information provided is for the purpose of obtaining merchandise on credit. I/we understand and agree that all accounts or monies due to Fittings Unlimited, Inc. shall be paid in accordance with the Credit Terms stated above and agree to pay all reasonable costs of collection, in addition to any court costs and/or attorney fees incurred. I/we authorize investigation of all credit references listed.

By:		Title:	Date:
	Authorized Signature		
By: _		Title:	Date:
	Authorized Signature		

Guaranty:

I/we, the undersigned, do hereby guarantee payment, as individuals, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all of its terms and conditions.

Guarantor:	, Individually
Guarantor:	, Individually



To Our Customers,

The Texas Limited Sales Excise and Use Tax Act provides that we must obtain this certificate to make a sale to your company. In order to proceed, we request that you complete and sign the form below.

The products you purchase from us must not be subject to tax under the Texas Limited Sales Excise and Use Tax Act. If you have not received your Permit Number, please leave this space blank. Once Permit Number is received, please email the number to <u>credit@myfui.com</u> as soon as possible.

Thank you, Fittings Unlimited, Inc.

RESALE OR EXEMPTION CERTIFICATE

Purchaser hereby certifies to the Seller, Fittings Unlimited, Inc. that:

- 1. Purchaser holds a valid Permit No. ______ issued under the Limited Sales Excise and Use Tax Act of the State of Texas or other, which permit has not been revoked or suspended.
- 2. That the undersigned hereby claims an exemption from payment of taxes under Chapter 20, Title 122A, revised Civil Statutes of Texas on the tangible personal purchased from you since September 1, 1961 and on each order that we shall hereafter give you, unless such order otherwise specifies, and until this notice and certification is revoked by us is revoked by us in writing. The reason the said Purchaser is claiming exemption is:

____Resale ____Other ground exemption (please explain) ______

- 3. The general character of the tangible personal property sold, leased, or rented by Purchaser in the regular course of business is:
- 4. The purchaser will be liable for payment of the limited sales and use tax if the purchaser uses the tangible personal property in some other manner or for some other than the reason listed above and shall pay the tax based on the price paid for the tangible personal property.

Dated:	Purchaser:		By:	
Month/Day/Year	_	Company	·	Authorized Signature



Attention: Purchasing Manager:

It is our goal at Fittings Unlimited is to provide the best possible service at absolute best cost. To help us achieve that goal, we request that you complete the brief questionnaire and return by email to <u>credit@myfui.com</u> or fax to (817) 701-0668. Thank you for your time.

Company Name:	
Bill to address:	
Ship to address:	
City, State and Zip:	
Phone Number:	
Email Address:	
Contacts:	
Purchasing	
	Email Address:
Fax Number:	
Accounts Receivable	
Phone Number:	Email Address:
Fax Number:	
Accounts Payable	
	Email Address:
Fax Number:	
Do you ship UPS Collect? Yes No If Ye	s, provide Account Number:
Tax ID Number:	



Remit to address: FITTINGS UNLIMITED, INC P O BOX 227354 DALLAS, TX 75222-7354

Sales Department Information Phone # 800-348-8467 Email - <u>sales@myfui.com</u>

Accounts Receivable Information Phone #: 800-348-8467 Email – a-r@myfui.com

All parts and prices are F.O.B. Arlington, Texas. Current pricing supersedes any prices shown in previous price lists covering these products. Prices are subject to change without notice and Fittings Unlimited, Inc. cannot be held responsible for omissions or typographical errors.

Returns – Fittings may be returned only with authorization from Fittings Unlimited, Inc. – subject to our inspection and must be shipped freight prepaid within 30 days of original shipment. A restocking fee of 20% or \$10.00, whichever is greater, will apply. In case of shipping errors, notification must be made within 30 days to receive an adjustment. Special fittings and made to order items are not returnable and are non-cancelable without written consent of Fittings Unlimited, Inc.

Made To Order (MTO) - Items made to order are subject to as much as a 10% factory overrun, which will be passed on to the customer.

Minimum Order - \$35.00 (Minimum order is waived for UPS Red or UPS Blue shipments.)