

ALGOMA MOP MANUFACTURERS

Division of East Shore Industries, Inc.

New Customer Information and Credit Application Form

Company Name _____

D/B/A: _____

Main Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

D&B #: _____ Tax Exempt #: _____

Please attach a copy with application

Address for correspondence (if different than above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name/Title: _____ Email: _____

Invoice to be sent to (if different than above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name/Title: _____ Email: _____

Shipping Address (if different than above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name/Title: _____ Email: _____

Check One: Proprietorship Partnership
 Corporation (State Incorporated _____)
 Other (Please Detail _____)

Officers/Partners/Principals: (Or attach separate sheet)

Name/Title: _____ Phone(Direct Number): _____

Name/Title: _____ Phone(Direct Number): _____

Expected Monthly Dollar Volume: \$ _____

Expected Frequency of Orders: _____

Credit and Bank References (Please provide at least three credit references and one bank reference complete with contact name, account numbers, phone and fax numbers)

I/We authorize the listed credit references to release information to EAST SHORE INDUSTRIES, INC. D/B/A ALGOMA MOP MANUFACTURERS regarding my/our credit/financial status.

I/We do hereby agree to comply with credit terms set for by EAST SHORE INDUSTRIES, INC. D/B/A ALGOMA MOP MANUFACTURERS of **net 30**.

I/We acknowledge that service charges equal to the lesser of 1 1/2% per month or the maximum legal rate can be charged 1 (one) day from the date the invoice becomes due and payable, and a loss of "open account" status is automatic after an invoice is unpaid 45 days from the date the invoice becomes due and payable.

I/We agree to pay costs of collecting past due amounts including, but not limited to, actual attorney fees, collection fees and court costs.

By signing the Credit Application the signer agrees to the terms and conditions set forth.

Authorized Signature

Date

Print Name & Title of Signer: _____

Return form by email: sales@algomamop.com or Fax: (800) 471-3478.