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# **Credit Application**

OFFICE USE ONLY															
ACCOUNT NUMBER			CREDIT LI	NE			ВУ								
SALES CONTACT				V			DATE								
□ IS	FS		LF		Cu	CustTy ID									
Check the appropriate box for fe	ification; checl		TYPE OF WORK PERFORMED												
Individual/sole proprietor or single-member LLC	ration	ust/Estate	FE	DERAL ID #/	SOCIAL SECU	IRITY#	DATE								
Limited liability company. Enter the	( C = C Corporation														
LEGAL COMPANY NAME			D												
STREET ADDRESS					CITY	ST	TATE		ZIP CODE						
PHONE NUMBER	FAX NUM	BER		EMAIL ADDRESS											
YEARS IN BUSINESS	DATE INC	ORPORATED		STATE OF INCORPO	DRATION			TAX EXEMPT	NPT: If yes, Tax Exempt form required.						
COMPANY OWNER (1)	TITLE			HOME ADDRESS			CELL I	PHONE	НОМЕ	PHONE	% OWNERSHIP				
COMPANY OWNER (2)	TITLE			HOME ADDRESS			CELL I	PHONE	HOME	PHONE	% OWNERSHIP				
COMPANY OWNER (3)	TITLE			HOME ADDRESS		CELL I	PHONE	HOME	PHONE	% OWNERSHIP					
If more than three owners	al owner infor	mation													
If more than three owners, please attach a separate sheet listing additional owner information.  SUBSIDIARIES OR AFFLIATED ENTITIES															
Have any of the above companies or owners ever filed for bankruptcy?   Yes   No															
If yes, include court and case number:															
Any liens, judgments o	r suits file	d or pendi	ng?	☐ Yes ☐	No										
If yes, include court and	case num	nber:													
				ORDERING II	NFORMATIC	ON									
Are purchase orders re	quired?	☐ Yes		No			A	nticipated ar	nount of mor	nthly purchas	es				
ACCOUNTS PAYABLE CONTACT NAME	E NUMBER & EXTENSION	A	P EMAIL ADDI	RESS											
SUPPLIER AND BAN	/ DEEEDE	NCES - NI	EW CH	STOMEDS ON	ıv										
COMPANY NAME	CONTACT	EVV COS	PHONE NUMBER		FAX NU	JMBER		E-MAIL ADDRESS							
COMPANY NAME	CONTACT	TNAME		PHONE NUMBER		FAX NU	IMBED		E-MAIL ADDRESS						
COMPANY NAME	CONTACT			PHONE NUMBER	FAX NUMBER				MAIL ADDRE						
COMPANY NAME	PHONE NUMBER		FAX NU	JMBER		E-	E-MAIL ADDRESS								
BONDING COMPANY NAME	PHONE NUMBER														
DISBURSING AGENT/TITLE COMP			PHONE												
BANK NAME	E		PHONE	NUMB	ER	FA	XX NUMBER								
ADDRESS				CITY	1		STATE	1	ZI	ZIP CODE					
ACCOUNT NUMBER (1)		ACCOUNT NUM	BER (3)	3) ACCOUNT NUMBER (4)											
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Revised Date: January 2025





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## **Credit Agreement**

	OFFICE USE ONLY				
ACCOUNT NUMBER	CREDIT LINE	ВУ			
	AGREEMENT INFORMATION				
1. I/We hereby certify that the information, given fo obtain such information as needed, concerning th guarantors. This information shall remain the propose.  2. A line of credit will be established when the account worthiness and payment record. Negwer Material increase the credit line.  3. An invoice or delivery ticket must accompany all somust be made within thirty (30) days from deliver to Negwer Materials, Inc. / Negwer Door Systems. that arising under successive transactions which not the successive transactions which is the undersigned corporate guarantors agree to propose the successive transactions which may be incurred by Negwer liability of the undersigned applicant under this guarantors.	rems supplying goods, materials, merchandise and services to	aterials, Inc. / Negwer Door Systems is hereby authorized to and trade references, and individual credit reports on the extension of open account privileges are granted or denied. In ongoing basis, or may be canceled, based upon credit tional information, including financial statements, in order to .5% restocking charge to cover the cost of handling. All returns IED FOR CREDIT.  of any and all amounts which may, from time to time be owed ness to Negwer Materials, Inc. / Negwer Door Systems including after it has been satisfied.  to pay all costs and expenses, including but not limited to so due to hereunder or in enforcing any provision hereof. The epursuit by Negwer Materials, Inc. / Negwer Door Systems of			
The below guarantors agree that they are providing a corporat full and prompt payment. This is a corporate guarantee only.	e guarantee to pay for any purchase made by the applicant and	are liable to Negwer Materials, Inc. / Negwer Door Systems for			
In witness whereof, the undersigned corporate guarantors have executed this instrument on thisday of, 20					
Signature	ion for Negwer Materials, Inc. / Negwer Door Systems supplying goods, materials, merchandise and services to				
	GUARANTEE INFORMATION	Personal Guarantee			
which may, from time to time, be owed by	ID SEVERALLY guaranty to Negwer Materials, Inc. / Negwer Doo to Negwer Materia rials, Inc. / Negwer Door Systems including that arising under suc	ls, Inc. / Negwer Door Systems. This is a continuing guaranty			
2 The undersigned guarantors agree to pay all accrued in:	terest allowed under the law, and further agree to nay all costs	and expenses including but not limited to attorney fees which			

may be incurred by Negwer Materials, inc. / Negwer Door Systems in collecting any amounts due hereunder or in enforcing any provision hereof. The liability of the undersigned guarantors under this guaranty shall be direct and not conditional or contingent upon the pursuit by Negwer Materials, Inc. / Negwer Door Systems of any remedies against any other

The below guarantors agree that they are providing their personal guarantee to pay for any purchases made by the applicant and are individually, jointly, and severally liable to Negwer

person or entity. The undersigned guarantors hereby consent to exclusive jurisdiction in the Circuit Court of St. Louis County, Missouri.

Printed Name

**Printed Name** 

Revised Date: January 2025

Signature

Signature

Materials, Inc. / Negwer Door Systems for full and prompt payment.

NOTE: <u>Two</u> signatures are required, unless operating as a proprietorship and there is no spouse.

In witness whereof, the undersigned individual guarantors have executed this instrument on this



Corporate Office | Negwer Materials, Inc. 49 Airport Road, St. Louis, Missouri 63135 Phone 314-522-0579 | Fax 314-522-1008 Email:credit@negwer.com | www.negwer.com

Social Security Number

Social Security Number



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# **Paperless Invoice/Statement Agreement**

CUSTOMER NUI	MBER									FOI	K OI		E US														
COMPANY NAM	A E								:	SUSI	NES	SIN	FOR CONTA			N											
CONFAINT NAIV	/IL												CONTA	CI NA	NIVIL												
COMPANY BILLI	ING ADDRES	SS																									
CITY							S	TATE										ZIP									
PHONE NUMBE	R						<u> </u>					- 1	FAX N	JMBEI	₹												
Enter the e	email ad	dress	(es)	to v	vhic	h we	can	sen	d yo	ur ir	ivoi	ces a	nd s	tate	men	ts.											
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By signing	below,	vou	are	givii	ng c	onse	ent t	to N	egw	er N	/late	erials	s, Ind	c./N	egw	er [	Dooi	r Svs	ten	ns to	ch:	ange	the	e me	ethc	d of	
distributin		-		_	_				_					•	Ū			•				Ü					
Signature										Printe	ed Nar	ne									_	Dat	e				_

Revised Date: January 2025

