



THE FORERUNNER  
IN SPECIALTY METALS

CMW Inc.  
Post Office Box 2266  
Indianapolis, IN 46206 USA

70 South Gray Street  
Indianapolis, IN 46201 USA

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**CMW Inc.**  
**Electrical Contacts**  
**Credit Application & Open Account Agreement**

Date of Application: \_\_\_\_\_

**APPLICANT BUSINESS INFORMATION**

Applicant Legal Name: \_\_\_\_\_

Other Names (D/B/A): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DUNS #: \_\_\_\_\_

Business Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Website: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Nature of Your Business: \_\_\_\_\_

Do you intend your purchases to be tax exempt? Yes \_\_\_ No \_\_\_ If yes, please provide tax exempt ID and attach a copy of the appropriate document to this application. Tax ID # \_\_\_\_\_

Have you had an account with CMW previously? Yes \_\_\_ No \_\_\_

If yes, please provide the name, address, telephone number and account number ...

**APPLICANT BUSINESS ORGANIZATION**

\_\_\_ Corporation      \_\_\_ Partnership      \_\_\_ LLC/LLP      \_\_\_ Proprietorship      \_\_\_ Other

Date of Incorporation or Establishment: \_\_\_\_\_

Date of Present Ownership: \_\_\_\_\_

Name of Principal or President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

EIN / Social Security number: \_\_\_\_\_

**APPLICANT REFERENCES**

Trade Reference #1: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Trade Reference #2: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Trade Reference #3: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Bank Information

Name of Bank: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Checking Account # \_\_\_\_\_

**PERSONAL GUARANTY AGREEMENT**

For and in consideration of the extension of credit to the applicant above \_\_\_\_\_, hereinafter called "Debtor", the undersigned, hereinafter "Guarantor" hereby personally guarantees payment of all obligations to CMW Inc. incurred by the Debtor upon demand, including court costs, collection agency commissions and reasonable attorney's fee. Furthermore, the guarantor authorizes CMW and any of its employees, officers, or agents, to obtain such information as it may require concerning Guarantor's creditworthiness or the statements made in this document, in order to support CMW's extension of credit to Debtor and Guarantor.

Signed: \_\_\_\_\_  
Printed: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Social Security number: \_\_\_\_\_  
Date: \_\_\_\_\_

**TERMS AND CONDITIONS**

By executing this agreement, Debtor authorizes CMW and any of its employees, officers, or agents, to obtain such information as it may require concerning Debtor's creditworthiness or the statements made in this document. Any person to whom this form is presented is authorized to disclose to CMW Inc. and any of its employees, officers, or agents, any information requested, and Debtor hereby waives any claim against, and fully releases from any and all liability, such persons by reason of any disclosure. Debtor agrees to notify CMW in writing of any development which may adversely affect Debtor's financial condition, promptly after the occurrence thereof. All statements appearing on this form are true and correct and are made for the purpose of obtaining credit from CMW Inc. Credit granted to applicant may, at the option of CMW, be cancelled at any time upon notice to the Debtor. If CMW grants credit to or for the benefit of the Debtor, the Debtor agrees to pay when due all obligations of the undersigned to CMW. The Debtor agrees to the incorporation herein of all terms and conditions of the invoice presented by CMW from time to time as it may apply to the products purchased by the Debtor. The Debtor agrees that this Credit Application shall be incorporated into and made a part of any and all purchase orders now existing or later entered into between the parties. If Debtor is a corporation or a partnership, the person(s) signing this agreement on behalf of such corporation or partnership hereby warrants that he/she has full authority from such corporation or partnership to sign this agreement and obligate the corporation or partnership hereunder and the corporation or partnership shall be jointly and severally liable for all products purchased and any and all other amounts that may be due and owing to CMW under the terms of this agreement, including reasonable attorneys' fees and costs. Upon request, the Debtor will provide CMW a full and complete statement of assets and liabilities. The Debtor authorizes CMW to disclose to the proper person and bureau, the Debtor's payment performance with CMW. In the event of default hereunder, the Debtor agrees to pay court costs and reasonable attorneys' fees. This document and all information secured pursuant to its authority shall be and remain the property of CMW whether or not CMW grants credit hereunder.

Signed: \_\_\_\_\_  
Printed: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

After you have completed the application, sign the Personal Guaranty Agreement and Terms and Conditions sections. Then fax the completed application to 317-638-2706, e-mail it to creditdept@cmwinc.com, or mail it to CMW Inc., Credit Department, Post Office Box 2266, Indianapolis, IN 46206-2266.

**OFFICE USE ONLY**

Received by Credit Department: \_\_\_\_\_  
Date processed: \_\_\_\_\_  
CMW Account Number: \_\_\_\_\_  
Estimated Monthly Volume: \_\_\_\_\_  
Credit Limit: \_\_\_\_\_