



0755-27311095

Shajing 7th Industrial Zone, Baoan , Shenzhen 518104.

inquiry-spring@shapedparts.com

Application for Business Credit

In order to extend a line of credit and establish Net 30 payment terms for future Purchase Orders, the following information must be collected from your organization. All fields are required and should be filled out accurately and to the best of your ability by an authorized company representative. Credit applications will be considered for businesses only and will not be allocated for individual use. Business must be registered for a minimum of two years to apply for credit terms. Maximum credit terms extended will be Net 30 days. Please allow one to two weeks to process this application. Incomplete or inaccurate applications will delay processing. Please return completed applications to inquiry-spring@shapedparts.com for processing.

Background Information

| | | | | | | | |
|--------------------------|--|--------|-------------------|----------|--------|--|----------|
| Business Name | | | | | | | |
| Contact Name | | | Phone Number | | | | |
| Business Mailing Address | | | Email Address | | | | |
| | | | City: | | State: | | Zip Code |
| | | | | | | | |
| Physical Address | | | | | | | |
| City: | | State: | | Zip Code | | | |
| Phone Number | | | Fax Number | | | | |
| Website | | | EIN # | | | | |
| DUNS # | | | Years In Business | | | | |

Banking Information

| | | | | | | | |
|-------------------------|--|--|---------------|--|--------|--|----------|
| Bank Name | | | | | | | |
| Contact Name: | | | Phone Number | | | | |
| Banking Mailing Address | | | Email Address | | | | |
| | | | City: | | State: | | Zip Code |
| | | | | | | | |

Trade References

Please provide three trade references we can contact to verify your credit status and history with their companies. We will contact these references using the information provided below. Please provide direct phone lines or email addresses to the contact persons you provide as this will allow us to contact them more easily. Trade references must be companies and cannot be individual persons. They may not be located at the same mailing or physical address as your business. Trade references who do not respond will delay processing of your application.

| | | | | | |
|-------------------------|---------------|--------------|--------|--|----------|
| Company Name | | | | | |
| Contact Name: | | Phone Number | | | |
| Company Mailing Address | Email Address | | | | |
| | | | | | |
| | | | | | |
| | City: | | State: | | Zip Code |

| | | | | | |
|-------------------------|---------------|--------------|--------|--|----------|
| Company Name | | | | | |
| Contact Name: | | Phone Number | | | |
| Company Mailing Address | Email Address | | | | |
| | | | | | |
| | | | | | |
| | City: | | State: | | Zip Code |

| | | | | | |
|-------------------------|---------------|--------------|--------|--|----------|
| Company Name | | | | | |
| Contact Name: | | Phone Number | | | |
| Company Mailing Address | Email Address | | | | |
| | | | | | |
| | | | | | |
| | City: | | State: | | Zip Code |

Accounts Receivable Information

Please indicate below the person responsible for receiving and paying invoices from Acxess Spring to ensure payment in a timely manner. Please also indicate below the preferred delivery method for these invoices. If there are multiple people who may receive and process invoices, only one set of contact information is required.

| | | | | |
|---------------------------|--|---------------|--|--|
| Contact Name | | Phone Number | | |
| Title | | Extension | | |
| Preferred Delivery Method | | Email Address | | |

Declaration

Applicant (“Applicant”) warrants that all statements on this form are true and correct to the best of their knowledge and are made for the purpose of obtaining business credit from Acxess Spring. Applicant authorizes Acxess Spring to request credit information from the references herein listed or from other sources pertaining to the Applicant’s financial responsibility. Applicant agrees to make payment within 30 days of the billing date displayed on Acxess Spring invoices.

Applicant further agrees to pay a late penalty of 1.5% per month (18% annually) on any and all unpaid balance due. If applicant utilizes an agency (“Agency”), Applicant and Agency shall be jointly liable for the payment of all advertising provided to Acxess Spring. Applicant agrees to indemnify Acxess Spring for all expenses incurred in connection with the collection of amounts payable, including court costs and attorneys’ fees.

Applicant’s signature of this credit application constitutes consent and agreement to the following posted terms and conditions. <https://www.acxessspring.com/acxess-spring-terms-and-conditions.html>. Signature of this application constitutes consent to submit your business information to Acxess Spring for credit consideration.

| | | | |
|---------------------|-------|-----------------|-------|
| Applicant Name | _____ | Applicant Title | _____ |
| Applicant Signature | _____ | Date Signed | _____ |