



**CREDIT APPLICATION**  
**Matrix Seating USA**  
**Fax to 1-800-986-9319**

Line of Credit Requested: \_\_\_\_\_ Date: \_\_\_\_\_ Federal Tax I.D. Number \_\_\_\_\_

Business Name: \_\_\_\_\_ Do you use Purchase Orders? \_\_\_\_\_

(DBA): \_\_\_\_\_ Resale Tax Number: \_\_\_\_\_

Ship to address: \_\_\_\_\_ **Please attach copy of tax exemption**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ President: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contoller: \_\_\_\_\_

Email: \_\_\_\_\_ Purchasing Manager: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Sales Manager: \_\_\_\_\_

Prior Business Address: \_\_\_\_\_ Ship/Receiving Manager: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_

A/P email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location which payables are handled, if different from above: \_\_\_\_\_ Number of full time employees: \_\_\_\_\_

Address: \_\_\_\_\_ Date business established: \_\_\_\_\_

Has the firm or any of its principals ever declared bankruptcy? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Please pick one: YES NO

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ If yes, give date and please explain: \_\_\_\_\_

**Ownership**, please check one: \_\_\_\_\_ Approximate annual sales volume: \_\_\_\_\_

Corporation Sole proprietor Partnership Individual \_\_\_\_\_

Other, please specify: \_\_\_\_\_

If NOT a corporation, please list principle information below:

Principal: \_\_\_\_\_  
 (name) (title) (SSN#) (home address)

Principal: \_\_\_\_\_  
 (name) (title) (SSN#) (home address)

Principal: \_\_\_\_\_  
 (name) (title) (SSN#) (home address)

**BANK**

**REFERENCE**

(Please complete the top portion before returning to Matrix Seating USA Inc.)

Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I hereby authorize the above named bank to release the information requested by Matrix Seating USA Inc. pertaining to their experience with our account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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Sir or Madam:

The above named account has applied to us for credit on Net 30 terms. As your name is listed on their credit application, we would appreciate having the results of your experience recorded on the form below. Please be assured that any information you provide to us would be held in strict confidence and used solely by our credit department.

Sincerely,

Credit Department  
Matrix Seating USA Inc.

\_\_\_\_\_  
Date

**Please list at least three trade references. FAX NUMBERS ARE PREFERRED.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

In support of this application, Matrix Seating USA Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions, or commercial firms with whom we/I have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as stated on Matrix Seating USA Inc. invoice(s). Should I/we not pay, and should Matrix Seating USA Inc. find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1% per month, reasonable attorney fees, collection fees and/or court costs allowable by law, not to exceed thirty three and one third percent. A copy of this statement and application has been received.

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the granting of credit. **Applicable Law.** This Agreement shall be interpreted and construed and legal relations created shall be determined in accordance with the laws of the State of Florida, without regard to its choice of law rules.

As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

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Authorized Signature:

Title:

Date:

**Personal Guarantee**

In consideration of credit being extended by Matrix Seating USA Inc. to the above named applicant for merchandise to be purchased whether the applicant be individual or individuals, a proprietorship, a partnership, a corporation, or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee Matrix Seating USA Inc. the faithful payment when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Matrix Seating USA Inc., extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled or demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

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Complete Name (please print)

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Signature

Date