



Credit Application and Sales and Credit Agreement

Please complete this credit application and credit agreement proposal and return to:
SemahTronix, LLC, 476 West Industrial Park Road, P.O. Box 310, Flippin, Arkansas, 72634, or
fax to 870-453-8014, Attention Debbie Callantine.

This Credit Application, upon review, approval, and execution by SemahTronix,LLC, shall serve
as the sales and credit agreement between these parties and shall govern the terms and conditions
upon which SemahTronix,LLC. shall provide goods or services to or on behalf of the customer
described below.

The Customer or Purchaser identified below hereby applies to open an account with
SemahTronix, LLC, on the terms and conditions stated in this Credit Application and Sales and
Credit Agreement.

CUSTOMER INFORMATION

Company Name (Full): _____

Owner/President: _____

Registered Agent: _____

Company Officers: _____

Years in Business: _____

SSN/FEIN: _____

Dunn & Bradstreet #: _____

Type of Enterprise: Corporation, Partnership, LLC, Sole Proprietorship, Other

Classification: Manufacturer, Distributor, Contractor, Other

Company Headquarters: _____

SemahTronix

Cable Assemblies • Wire Harnesses • Sub Assemblies

Street/Delivery Address: _____

Mailing Address: _____

City, State, Zip: _____

A/P Contact Name/Phone: _____

CFO/Controller/Phone: _____

Please provide all "Ship To" locations and tax resale numbers for those states:

Ship To Address: _____

City/State/Zip: _____

Telephone #: _____

Fax #: _____

Tax Resale #: _____

Is the Customer named above a division or subsidiary? Yes No.

Will Parent Company guarantee payments? Yes No.

Parent Co. Name: _____

Parent Co. Address: _____

Parent Co. CEO Name: _____

Parent Co. CEO Phone/Fax: _____

Estimated Purchase Amount: \$ _____ per (circle one) month year.

Credit Line Requested: \$ _____.

Financial Statement Availability: Yes No. If yes, for what period? _____

SemahTronix, LLC, 476 West Industrial Park Road, P.O. Box 310, Flippin, AR 72634
Phone : 870-453-8871



Financial Statements Contact Name: _____

PAYMENT TERMS Unless otherwise specifically noted in writing by SemahTronix, LLC, SemahTronix's terms of payment are: Net 30 days from invoice date.

Approved and Accepted: **CUSTOMER/PURCHASER**

Company Name (Print): _____
By: (Authorized Signature): _____
Its (Title of Authorized signer): _____
Date: _____

Approved and Accepted: **SemahTronix, LLC**

By: (Authorized Signature): _____
Its (Title of Authorized signer): _____
Date: _____

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