

METROPLEX

SERVICE WELDING SUPPLY, INC.

CREDIT APPLICATION

1400 WEST LOOP 380
 DECATUR, TX 76234
 PHONE (940) 627-6820 FAX (940) 627-1766

BAILMENT CONTRACT

SALESMAN _____

| |
|------|
| DATE |
|------|

INDIVIDUAL INFORMATION

| FIRST NAME | MIDDLE INITIAL | LAST NAME | SOCIAL SECURITY # | DRIVER LICENSE #, STATE ISSUED |
|--|---------------------------------|-----------|-------------------|--------------------------------|
| PHYSICAL STREET ADDRESS | | | CITY | STATE ZIP |
| MAILING ADDRESS (IF DIFFERENT THAN THE PHYSICAL ADDRESS) | | | CITY | STATE ZIP |
| HOME PHONE () - | WORK/CELL PHONE NUMBER () - | | EMAIL ADDRESS | |

BUSINESS INFORMATION

| BUSINESS NAME | BUSINESS TYPE (CORPORATION OR PARTNERSHIP) | TAX I.D. NUMBER |
|--|--|--------------------------------|
| PHYSICAL STREET ADDRESS | | CITY STATE ZIP |
| MAILING ADDRESS (IF DIFFERENT THAN THE PHYSICAL ADDRESS) | | CITY STATE ZIP |
| COMPANY OWNER | PURCHASING MANAGER | ACCOUNTS PAYABLE MANAGER |
| MAIN OFFICE PHONE () - | ACCOUNTS PAYABLE PHONE NUMBER () - | FAX NUMBER () - |
| DO YOU ISSUE PURCHASE ORDERS? ____ YES ____ NO | DATE BUSINESS WAS ESTABLISHED | ACCOUNTS PAYABLE EMAIL ADDRESS |

TRADE REFERENCES

| | | |
|---------|----------------|--------------|
| NAME | PHONE () - | FAX () - |
| ADDRESS | CITY | STATE ZIP |
| NAME | PHONE () - | FAX () - |
| ADDRESS | CITY | STATE ZIP |
| NAME | PHONE () - | FAX () - |
| ADDRESS | CITY | STATE ZIP |

BANK REFERENCE

| | |
|-----------------|---------------------|
| BANK REFERENCE | BANK ADDRESS |
| CHECKING ACCT # | BANK REPRESENTATIVE |

BUYER'S ACCEPTANCE OF DELIVERY RECEIPT WHICH RESULTS FROM THE ACCEPTANCE OF CYLINDERS SIGNIFIES BUYER'S ACCEPTANCE OF THE FOLLOWING

TERMS AND CONDITIONS:

1. Buyer agrees to return all cylinders promptly as emptied, freight prepaid by the buyer, to the location from which the cylinders originated.
2. Buyer is responsible for seller's cylinders including valves and cylinder caps while in the buyer's possession, and must return all seller's cylinders in the same condition as received (reasonable wear and tear excepted). Failure to do so constitutes a breach of contract and buyer shall be liable for the cost of replacement or repair of each cylinder not returned, or damaged.
3. Buyer agrees not to refill, or permit any other person to use the cylinders except with permission of seller.
4. Seller reserves the right to charge rent on all cylinders not returned by the last day of the month. In the event the buyer fails to return the cylinders within 90 days after date of delivery, seller reserves the right to pick up the cylinders with no refund. The buyer shall pay promptly on demand for loss or damage to an cylinders or fittings resulting from any cause while in control or possession of the buyer.
5. Claims based on defective valves or cylinders are waived unless made within 10 days after shipment and cylinder is returned to shipped warehouse with tag stating defect.
6. Buyer agrees to indemnify seller against all loss or damage to persons or property (except that caused by defective cylinders or contents thereof) involving the cylinders or contents thereof furnished by the seller from the time of acceptance of delivery until return thereof to the seller.

REPLACEMENT PRICE ON LOST CYLINDERS:

All Hi Pressure Cylinders \$250.00 Acetylene Cylinders \$300.00 Liquid Cylinders \$3,000.00 Cylinder Caps \$7.50

REPLACEMENT PRICES SUBJECT TO CHANGE WITHOUT NOTICE

If customer disputes the accuracy of Metroplex cylinder balance as shown on its latest statement, Metroplex need only provide delivery tickets and cylinder records for the 90 day period preceding the notice of the dispute. Any Metroplex cylinder balance statement that is older than 90 days is presumed to be accurate.

IN CONSIDERATION OF EXTENSION OF CREDIT BY METROPLEX SERVICE WELDING SUPPLY INC, I AGREE TO THE FOLLOWING TERMS OF SALE: NET 3 DAYS FROM DATE OF DELIVERY, I UNDERSTAND THAT THE INFORMATION FURNISHED ON THIS APPLICATION IS FOR THE SOLE PURPOSE OF OBTAINING CREDIT AND RELEASE OF CYLINDERS FOR MY FIRM, AND THAT I AM AUTHORIZED, IN MY CAPACITY, TO BIND MY FIRM ACCORDINGLY.

Signature (Owner/Partner/Corp Officer)

Official Title