



International Abrasive Technologies, LLC
 P.O. Box 1292
 South Bend, IN 46624-1292
 Phone 574.807.0047
 Fax 574.936.8044
 Email iatllc@sbcglobal.net

Credit Application Form

Billing Address:

Company Name _____
 Attention _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Fax _____
 Email _____

Ship to Address:

Company Name _____
 Attention _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Fax _____
 Email _____

General Information

Federal Tax ID _____ State & State Resale # _____
 Company Type (circle one): Individual Partnership LLC Corporation Sub S Corp
 D&B Number _____ At Present Location Since _____
 Principal _____ Title _____ Email _____ Phone _____

Ordering Information

Are Written PO's Required? Yes No Is Merchandise for Resale? Yes No
 Purchasing Agent _____ Fax _____ Email _____ Phone _____
 Accts Payable _____ Fax _____ Email _____ Phone _____

Bank Information

Name _____ Branch _____ Contact _____ Phone _____
 Address _____ City, State, Zip _____ Acct # _____

Credit References

Company _____ Contact _____ Phone _____ Fax _____
 Address _____ City, State, Zip _____ Acct # _____
 Company _____ Contact _____ Phone _____ Fax _____
 Address _____ City, State, Zip _____ Acct # _____
 Company _____ Contact _____ Phone _____ Fax _____
 Address _____ City, State, Zip _____ Acct # _____

Terms and Conditions

All accounts are COD/prepay/Credit Card until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize us to make any and all inquiries necessary to process this credit application.
 Authorized Representative (print) _____ Title _____
 Agreed and Accepted (sign) _____ Phone _____ Date _____

**Fax completed form to 574-936-8044
 Include Resale and Tax Exempt Certificates + Direct Pay Authorizations**