



World Wide Metric Inc.
Account Profile and Credit Application

Dear New Customer,

Thank you for contacting World Wide Metric.

In order to establish your company in our system, we ask that you complete the following forms and return by email to: ar@worldwidemetric.com or by fax to: 732-247-2455.

1. Account Profile
2. Credit Application
3. Preferred Freight Carriers
4. Purchase Application
5. E-Invoicing Authorization (Go paperless)
6. Include a copy of your resale/exempt certificate (if applicable)

All forms must be completed and signed by a principal of the company. No credit will be given without this information. Please be sure to include full names for all contacts.

We appreciate your cooperation.

Regards,

World Wide Metric



Account Profile

Invoice/Mailing Address:

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone: _____ Fax: _____ Email: _____

Ship To:

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone: _____ Fax: _____ Email: _____

(If you have additional locations or branches, please list any applicable shipping addresses on next sheet)

Accounts Payable:

Contact Name: _____ Position: _____
Phone: _____ Fax: _____ Email: _____

Are purchase orders required by your company to process invoices? Yes No

Authorized Buyers:

Contact Name: _____ Position: _____
Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Position: _____
Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Position: _____
Phone: _____ Fax: _____ Email: _____

Do you want to request access to our e-commerce platform? Yes No

(If you have additional buyers, please copy this sheet and continue.)

I certify that the above information is true and correct and understand that I am fully responsible to report any changes in personnel by resubmitting the above form. Failure to do so, will be my responsibility and we guarantee payment on all invoices. I further warrant that my signature is valid and binding for entering into such an agreement.

Signature

Date

Additional Shipping Locations

Ship To:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____ Email _____

Ship To:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____ Email _____

Ship To:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____ Email _____



Credit Application

Credit Line Requested: \$ _____ Date: _____

Legal Name of Individual, Corporation, Partnership, of Proprietorship: _____

Address: _____
STREET CITY STATE ZIP

Business Phone: _____ Business Fax: _____ Email: _____

Scope of Business: (check all that apply) Industrial: Distributor/Supplier OEM Manufacturer Other _____
 Marine: Distributor/Supplier Shipyard Owner/Operator Offshore Fluid Power Other _____

How long is business in existence? _____ years

If subsidiary, name and address of parent company _____

Type of business:

- Individual Proprietorship Corporation
- Partnership If Corporation, State Incorporated in: _____
- Limited Liability Corporation Date Incorporated in: _____

Tax Exempt Number: _____

Have you ever filed for bankruptcy? No Yes If yes, please specify when _____

Principals:	Name	Position
1.	_____	_____
2.	_____	_____
3.	_____	_____

Credit References:

1. Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone Number: _____ Fax Number: _____
2. Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone Number: _____ Fax Number: _____
3. Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone Number: _____ Fax Number: _____

I/We certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit-reporting agency. I/We further agree to pay all fees and costs of collection including, without limitation, attorneys' fees and/or fees of a collection agency in the event of default, if the account is placed with an attorney or bonded collection agency. All past due invoices will be subject to 1-1/2% service charge per month or 18% per year.

Signed _____ Print _____

In consideration for the credit extended to the above-listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation. I/We further agree to pay all fees and costs of collection including, without limitation, attorneys' fees and/or fees of a collection agency in the event of default, if the account is placed with an attorney or bonded collection agency. All past due invoices will be subject to 1 1/2% service charge per month or 18% per year. I/We further acknowledge and agree that this is an unconditional guarantee of payment and not merely a guarantee.

Signed _____ Print _____



Preferred Freight Carriers

In order to best serve your needs, please list those freight carriers (Truck and Air) and the account # you would like World Wide Metric to utilize for your shipments. If you have any special guidelines you wish for us to follow, please advise as necessary below. This information is for the sole use of World Wide Metric in coordination with your buyers. Thank you.

<u>Freight Carrier:</u>	<u>Account #:</u>	<u>Notes:</u>
1. UPS		
2. Federal Express		



Purchase Application

Company Name: _____

Date: _____

1. Expected Monthly Volume:

- < \$1,000
- \$1,000 - \$5,000
- \$5,000 - \$15,000
- \$15,000 - \$25,000
- > \$25,000

2. Expected Monthly Frequency of Orders:

- 1 - 5
- 5 - 10
- > 10

3. Purchasing Interest:

- End User
- Resell Only
- Becoming a Stocking Distributor

Completed By: _____

Title: _____

Signature: _____

Headquarters
 Branchburg, NJ
 Tel: 732.247.2300
 Fax: 732.247.2455

Gulf Region
 Houston, TX
 Tel: 713.682.2400
 Fax: 713.682.2624

Southeastern Region
 Davie, FL
 Tel: 954.321.0784
 Fax: 954.321.2591

Western Region
 Paramount, CA
 Tel: 562.633.4141
 Fax: 562.633.3280



Go Paperless with World Wide Metric



World Wide Metric is pleased to offer paperless/e-invoicing to our customers.

If you are interested in having all documents sent via email, kindly follow these two quick, easy steps!

Step 1: Fill out the form below to go paperless.

Step 2: Submit the form to: ar@worldwidemetric.com or fax it to: 732-247-2455 - Attn: Accounts Receivable.

This new feature will allow us to send paperwork in a more expedient fashion. Please give this form to the appropriate person, if not you!

E-INVOICING AUTHORIZATION

Company Name: _____

Bill-to Address: _____

A/P Contact: _____

A/P Email: _____

A/P Phone: _____ A/P Fax: _____

I, _____, authorize World Wide Metric to begin sending all invoices, returns, statements, and other documents electronically to the address listed above.

Print Name

Date

Sign Name

Position

Headquarters
Branchburg, NJ
Tel: 732.247.2300
Fax: 732.247.2455

Gulf Region
Houston, TX
Tel: 713.682.2400
Fax: 713.682.2624

Southeastern Region
Davie, FL
Tel: 954.321.0784
Fax: 954.321.2591

Western Region
Paramount, CA
Tel: 562.633.4141
Fax: 562.633.3280