



SALES & SERVICE CALL POLICY & PAYMENT TERMS

We require a deposit on ALL orders exceeding \$7,000, unless approved by Dwayne Roberts. Cash customers and new accounts are required to pay a deposit on any orders over \$2,500. Established customer accounts receive NET 10 day terms on the invoice balance. For our cash customers and new accounts, balance is due upon delivery of product and/or service.

Service calls will be performed for:

- 1) Established customers, or
- 2) New customers with valid credit card, to be charged immediately upon completion of services rendered.

There are NO exceptions to the service call policy. Therefore, we encourage you to establish your account before an emergency occurs. REM must receive your credit application and positive credit/payment history from all references before setting up a new account. Please complete attached credit application and fax to our office at 301-662-3332, to be considered for an open account.

As always, we proudly offer you the same quality sales and service that you've come to expect, and are committed to next-day delivery and service as needed.

We appreciate your business and look forward to serving you now and in the future.

We thank you for being a loyal customer.

Sincerely,

Dwayne Roberts
President

Carla Moore
Office Manager

ROBERTS ELECTRIC MOTORS, INC
5841 Urbana Pike
Frederick, MD 21704
Phone: 301-663-5757 / 800-537-9038
Fax: 301-662-3332
EMAIL: araprem@robertselectricmotors.com



APPLICATION FOR CREDIT

CREDIT TERMS: NET 10 DAYS.

All unpaid accounts 60 days or older will be placed on C.O.D. basis until account is paid in full. Collection costs on delinquent accounts will be charged accordingly to such accounts.

BUSINESS NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____ FAX _____

GENERAL MANAGER _____
PRIMARY CONTACT _____ E-MAIL: _____
ACCTS. PAYABLE CONTACT _____ E-MAIL: _____

Type of Business _____
Year Business Started _____ D & B # _____
Federal I.D. # _____
Tax exempt? ___ Yes ___ no (If yes, please attach copy of certificate)
Do you require purchase orders? ___ yes ___ no

The following request for information must be completed in full. All information will be held in strict confidence.

President _____ Vice-President _____
Secretary/Treasurer _____

Bank Name _____
Bank Address _____

Please list three trade references:

| | <u>Business name</u> | <u>your acct. #</u> | <u>phone</u> | <u>fax or e-mail</u> |
|----|----------------------|---------------------|--------------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND WE FULLY UNDERSTAND AND AGREE TO THE TERMS AS SET FORTH.

AUTHORIZED SIGNATURE: _____ DATE: _____
TITLE: _____

Please fax completed credit application to 301-662-3332.