



PHONE: 317-636-7377

FAX: 317-636-7357



OWNER'S NAME _____
 COMPANY NAME _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE _____ FAX _____
 TAX ID NUMBER _____ OWNER SSN _____
 BANK NAME _____ PO REQUIRED (YES/NO) _____
 CONTACT NAME _____ CONTACT NUMBER _____

CHECK ONE

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____

BUSINESS REFERENCES _____
 COMPANY NAME _____
 CONTACT NAME _____
 CITY, STATE, ZIP _____
 PHONE _____ \$ OF BUSINESS _____

BUSINESS REFERENCES _____
 COMPANY NAME _____
 CONTACT NAME _____
 CITY, STATE, ZIP _____
 PHONE _____ \$ OF BUSINESS _____

NAME/TITLE _____ NAME/TITLE _____
 NAME/TITLE _____ NAME/TITLE _____

TERMS AND CONDITIONS OF THE FUSEK'S TRUE VALUE COMMERCIAL ACCOUNT

You agree to allow Fusek's to use the information provided herein to conduct a credit check and you further agree to be bound by Fusek's terms of credit. The signer hereby gives permission to use any tools necessary to determine credit worthiness.

You agree to pay for all purchases charged to the account. The invoice presented at the point of sale constitutes the official bill of sale. Payment is due 15 days from the date of the invoice. Fusek's will send you a complimentary, customized record of open invoices each month/ Accounts with unpaid amounts of 30 days will be considered delinquent. As to any delinquent account, you agree to pay interest of fifteen percent (15%) per annum of the maximum interest rate allowed by state law. Accounts with unpaid amounts over 45 days, from the invoice date shall be subject to a credit hold or be closed. In the event that a payment is not made in a timely manner, you agree to pay all reasonable attorney's fees and court or other collections costs as permitted by law. Fusek's reserves the right to assess a fee for returned checks to cover administrative costs and bank charges.

You assume complete responsibility for protecting the security for purchases made by your authorized agents. You will be liable for unauthorized use of your charge account by authorized agents. You may cancel your account with Fusek's at any time. You shall be responsible for any outstanding balance and any new charges incurred up to and including the effective date of cancellation. Your signed application signifies agreement to these terms and conditions.

Signature & Title

Signatory must be the proprietor, a general partner, or financial officer of the company with authority to enter into contractual agreements. To the best of my/our knowledge, all information provided is complete and accurate. I/We agree to be bound by the terms and conditions set forth above. I/We hereby authorize the bank reference listed to accept copies of this application to release all requested credit or financial information on my/our accounts.

SIGNATURE (REQUIRED) _____
PRINT NAME AND TITLE (REQUIRED) _____ **DATE** _____

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SUITE 100
 INDIANAPOLIS, IN 46204