

**Harsco Industrial IKG**  
1423 Wadsworth  
Houston, TX 77015 USA  
Phone: 281.452.0709  
Fax: 281.457.6054  
www.harscoikg.com



**CUSTOMER CREDIT APPLICATION**

**BILLING INFORMATION:** Home Office Phone: \_\_\_\_\_ Home Office Fax: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**A/P Contact:** \_\_\_\_\_ **A/P E-mail:** \_\_\_\_\_

**BUSINESS INFORMATION:**  
Date Started: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Contractor's License # \_\_\_\_\_ Monthly Credit Requirement: \_\_\_\_\_  
Structure: Proprietorship:  Partnership:  Corporation:   
Subsidiary of: \_\_\_\_\_ Located in: \_\_\_\_\_ Incorporated in: \_\_\_\_\_

**Owners, Partners, Corporate Officers, Names, Resident Addresses and Phone Numbers:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**REFERENCES:** Include reference for loans, mortgages, or notes payable.

Bank: Name: \_\_\_\_\_ Phone/Fax# \_\_\_\_\_  
Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
Checking Account No. \_\_\_\_\_  
Loan Information: Line of Credit:  Term Loan:  Other:   
Secured: Y/N If Secured, By: \_\_\_\_\_

**TRADE OR BUSINESS:** References should relate to the amount of credit requested.

**FAX NUMBERS ARE REQUIRED FOR PROMPT PROCESSING**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_
4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_
5. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_

**CUSTOMER INFORMATION:**

Purchase Order Required:                      Yes                       No

**Sales Tax Exemption:**                      Yes                       No

*If your tax exemption is "Yes" please submit the proper "state" or multi-jurisdictional certificate. Certificate must be issued to "Harsco Industrial IKG" and must include your complete name, address and assigned state registration number.*

**INVOICING / DOCUMENTATION INSTRUCTIONS:**

Harsco Industrial IKG offers the option to have some documentats (i.e., invoice copies, sales acknowledgements, and bill of ladings) sent to you by email or fax. Utilizing this option will allow you to check for discrepancies between your orders and our production and/or billing more promptly. If you prefer, you can receive your documents by traditional mail. Please indicate your preference by checking ( ✓ ) below and completing the necessary information:

Yes, please set my Company up to receive these documents by email and/or fax as indicated below:  
(PLEASE PRINT CLEARLY)

Invoice e-mail: \_\_\_\_\_

Invoice fax: \_\_\_\_\_

Bill of Lading e-mail: \_\_\_\_\_

Bil of Lading fax: \_\_\_\_\_

Sales Acknwldgmnt e-mail: \_\_\_\_\_

Sales Acknwldgmnt fax: \_\_\_\_\_

NO, I (we) do not wish to receive these documents by email and/or fax, please provide these documents by regular mail.

**Please attach a copy of your most recent Financial Statement (s). Please be assured all information will be held strictly confidential and is for the sole use of Harsco Industrial IKG's Credit Department only.**

I (we) understand that the information furnished to you in this application is for the purpose of obtaining open account credit for my (our) business and that I am (we are) authorized in my (our) capacity to bind my (our) business accordingly to the following terms and conditions:

1. I (we) will pay the amount or amounts due based on the terms of Harsco Industrial IKG invoices which are NET 30 DAYS.
2. On all past due invoices, I (we) agree to pay a service charge of 1 1/2% per month, 18% per annum or, if less, the maximum allowed by law.
3. In the event that a delinquent account is placed in the hands of a collector or attorney for collection, or suit is instituted on this delinquent account, I (we) agree to pay, in addition to the amount of the delinquent amount and interest, all costs of collecting including court costs, collector's and or attorney's fees.

I (WE) AGREE TO INDEMNIFY, DEFEND AND HOLD HARSCO INDUSTRIAL IKG FREE AND HARMLESS FROM ANY AND ALL LOSSES, LIABILITY, CLAIMS, OR SUITS FROM DEATH, BODILY INJURY OR INJURY TO PROPERTY, INCLUDING DEATH OR INJURY TO HARSCO INDUSTRIAL IKG EMPLOYEES OR SUBCONTRACTORS, ARISING OUT OF THE USE OF HARSCO INDUSTRIAL IKG EQUIPMENT OR ANY PART THEREOF, WHETHER OR NOT FURNISHED BY HARSCO INDUSTRIAL IKG, OR ANY ACTIVITY CONDUCTED ON OR AROUND SUCH EQUIPMENT OR THE VIOLATION OF ANY REGULATION OF THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, RESULTING FROM ANY CAUSE WHATSOEVER, INCLUDING THE CONCURRENT NEGLIGENCE OF HARSCO INDUSTRIAL IKG OR THE NEGLIGENCE OF HARSCO INDUSTRIAL IKG'S AGENTS, EMPLOYEES OR INDEPENDENT CONTRACTORS. IT IS THEREFORE OUR INTENTION THAT THIS INDEMNITY SHALL APPLY WHETHER OR NOT THE LIABILITY, CLAIMS, DEMANDS, OR SUITS ARISE FROM THE PARTIAL NEGLIGENCE OF HARSCO INDUSTRIAL IKG'S AGENTS, EMPLOYEES, OR INDEPENDENT CONTRACTORS. THIS INDEMNITY SHALL NOT APPLY TO ANY LIABILITY FOR DAMAGES CAUSED BY OR ARISING OUT OF THE SOLE NEGLIGENCE OF HARSCO INDUSTRIAL IKG, PROVIDED, HOWEVER, THAT I (WE) SHALL STILL HAVE THE DUTY TO DEFEND HARSCO INDUSTRIAL IKG UNDER THIS INDEMNITY UNTIL SUCH TIME AS A COURT OF COMPETENT JURISDICTION DETERMINES THAT THE LIABILITY IS A RESULT OF HARSCO INDUSTRIAL IKG'S SOLE NEGLIGENCE.

*Agreement Accepted For:* \_\_\_\_\_  
(Company Name)

*Authorized Principal/Officer:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
(Signature)

*Title:* \_\_\_\_\_