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Credit Application

The below listed company desires to do business with ATA Sensors on a credit basis and provides the following information for consideration by ATA Sensors in determining the eligibility and the credit limits for which it will be entitled. The signature of an officer of the applicant company as entered below shall authorize ATA Sensors to contact the bank and credit references provided and shall authorize those bank and credit reference to release such information to ATA Sensors. ATA Sensors shall maintain such information in strict confidence, use the information only for the determination of credit for the applicant, and will not release this information to any third party.

Name of Applicant: _____

Type of Business: Corporation Partnership Individual ownership Other

Business Address: _____

City: _____ State: _____ Zip Code: _____

Primary Activity: _____ Number of years in business: _____

Telephone: _____ Fax: _____

Bank Reference: _____ Account: _____

Bank Address: _____

Contact: _____ Telephone: _____

Commercial credit references:

Company: _____

Address: _____ State: _____ Zip Code: _____

Credit Limits: _____ Length of Time doing business: _____

Account No: _____ Telephone: _____ Fax: _____

Company: _____

Address: _____ State: _____ Zip Code: _____

Credit Limits: _____ Length of Time doing business: _____

Account No: _____ Telephone: _____ Fax: _____

Company: _____

Address: _____ State: _____ Zip Code: _____

Credit Limits: _____ Length of Time doing business: _____

Account No: _____ Telephone: _____ Fax: _____

I certify that the above information is correct and I authorize ATA Sensors to contact the above references. I hereby authorize any reference listed above to release information about credit limits and payment history of my company to ATA Sensors.

_____ Date: _____

Signature

_____ Title

Printed Name of Applicant (officer or owner)