



Kut-Rite – 27456 Northline – Romulus, MI 48174 – Phone: 734-955-9311 – Fax: 734-955-9314

PLEASE READ THE SALES POLICY BELOW

- 1. All shipments of Kut-Rite Manufacturing products returned to the factory for credit and/or restocking, repair or warranty repair/replacement must be authorized by the factory PRIOR to shipment. The Return Goods Authorization number (RGA#) issued by the factory must appear on all packaging slips and containers. In addition, all packaging slips must include the quantity and description of the products returned, the reason for return, the P.O. number originally used for the purchase of the products and Kut-Rite’s invoice number.
- 2. All shipments of Kut-Rite Manufacturing products returned to the factory for credit and/or restocking, repair or warranty repair/replacement MUST BE SHIPPED FREIGHT PREPAID. COD or freight collect shipments will not be accepted.
- 3. Unused salable “standard” products returned within 30 days from factory shipping date are subject to a 25% OF LIST RESTOCKING CHARGE.
- 4. Unused “special” products returned within 30 days from factory shipping date are subject to a restocking charge which must be quoted on a “per situation” basis.
- 5. Quantity reductions or cancellations of “standard” products may be subject to penalties. After 24 hours, quantity increases may not be added to existing orders of “standard” products and must be accompanied by a new P.O. number. Quantity reductions or cancellations of “special” products will be subject to penalties.
- 6. “Used” products may not be returned for credit and or restocking.
- 7. All claims for errors, shortages, etc., must be made in writing no later than 7 DAYS AFTER DATE OF INVOICE. Failure to give such notice shall constitute a waiver by the buyer of all claims thereof.
- 8. Kut-Rite does not assume responsibility for the application of its products.
- 9. Minimum billing is \$50.00 USD net.

IF YOU ACCEPT OUR TERMS PLEASE SIGN BELOW

SIGNATURES

Signature:

Signature:

Date:

Date:

CREDIT APPLICATION



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BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	

BUSINESS/TRADE REFERENCES (For faster processing we request fax numbers as many companies refuse phone credit inquiries.)

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. A 2% interest per month will be assessed thereafter.
2. Claims arising from invoices must be made within seven working days. All returns must have an issued RGA number.
3. By submitting this application, you authorize **Kut-Rite** to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature:	Signature:
Date:	Date: