



Power Controls White Bear Lake
Manufacturer of Dimensions Inverters®
4467 White Bear Parkway
St. Paul, MN 55110
Phone: 651-653-7000 Fax: 651-653-7600
Web: www.sensata.com

Important Notice

Please read and complete the following **“Credit Application.”**

If you have your credit references already available, please mark “see attached” at the top of page three and four of the credit application form.

In order for us to process your credit application, we must have all the requested information and page three and four must be signed by a **Company Officer**.

Please also make sure to include a **valid Resale Certificate** or **Exemption Certificate** if the purchases you are making from Sensata Technologies qualify. If a valid certificate is not on file, Sensata will be required by law to charge sales tax on sales made within certain states.

Thank you for your cooperation and interest in our company. We look forward to becoming a valued supplier.

If you have any questions, please call us: 1-800-553-6418.

Bernice Edland-Schulz
Credit Department



Sensata
Technologies

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Credit Application

COMPANY CREDIT POLICY

DATE

All credit requests require your Dunn & Bradstreet company number.

If your company has no Dunn & Bradstreet number, the terms will be:

- A) Stocking product; COD certified check or VISA, MasterCard, or prepay.
- B) Non Stocking product; pre payment, VISA, or MasterCard.

All unrated companies will be on COD for the first three orders, after which your credit worthiness will be determined.

DUNN & BRADSTREET # _____

RATING _____

BILLING NAME AND ADDRESS

SHIPPING NAME AND ADDRESS

PHONE # () _____

FAX # () _____

BUSINESS STYLE (CHECK ONE)

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

INCORPORATED IN THE STATE OF _____

PLEASE INDICATE NAME AND LOCATION OF PARENT COMPANY: _____

HOW LONG HAVE YOU BEEN IN BUSINESS? _____

TYPE OF BUSINESS: _____

ANNUAL SALES: _____

NUMBER OF EMPLOYEES: _____

CREDIT LIMIT REQUESTED: _____

IS MERCHANDISE FOR RESALE? _____ IF YES, PLEASE ATTACH EXEMPTION CERTIFICATE.

THIS PAGE MUST BE SIGNED (SEE BELOW)

REFERENCES FOR USE WITH CREDIT REQUEST TO SENSATA TECHNOLOGIES.

BANK NAME _____
CONTACT _____
PHONE # _____ FAX # _____
ACCOUNT # _____

TRADE NAME _____
CONTACT _____
PHONE # _____ FAX # _____
ACCOUNT # _____

TRADE NAME _____
CONTACT _____
PHONE # _____ FAX # _____
ACCOUNT # _____

TRADE NAME _____
CONTACT _____
PHONE # _____ FAX # _____
ACCOUNT # _____

WE HEREBY WARRANT THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT, AND IS FURNISHED FOR THE PURPOSE OF OBTAINING CREDIT. WE ALSO WARRANT THAT THE PAYMENT HISTORY ON THE ABOVE NAMED CREDIT CUSTOMERS REPRESENTS THE WAY IN WHICH WE WILL PAY YOU. FURTHERMORE, WE GRANT SENSATA TECHNOLOGIES PERMISSION TO INVESTIGATE AND OBTAIN ANY AND ALL FACTS RELATED TO OUR CREDIT HISTORY. WE AGREE THAT IF OUR ACCOUNT BECOMES DELINQUENT, WE WILL PAY ALL REASONABLE COSTS OF COLLECTION, INCLUDING, BUT NOT LIMITED TO: ATTORNEYS' FEES, COLLECTION AGENCY COMMISSIONS, COURT COSTS, AND INTEREST AT THE RATE OF 1.5% PER MONTH.

CREDIT APPLICATION SUBMITTED BY

DATED _____

(Company Officer)

(Company Name)

(Signature)

(Title)



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We authorize the release of credit information and payment history to Sensata Technologies for the purpose of obtaining credit with their company.

(Company Name)

(Signature)

(Title)

(Date)