



METER

METER Group, Inc. USA Credit Application and Agreement Form

Legal Company Name

Phone _____ **Fax** _____

Date Business Started _____ **DUNS** _____

Street Address

City _____ **Prov/State** _____ **Zip** _____

Personal Information (If company has been in business less than 1 year, complete the personal information on owner/principal)

Name

Street Address

City _____ **Prov/State** _____ **Zip** _____

Accounts Payable It is standard that we email all invoices and requested documents unless otherwise requested.

Contact Name _____ **Phone** _____

Accounts Payable Email

Invoicing Email

Banking Information (If company in business less than 1 year, complete the personal information on owner/principal)

Name of Bank

Manager's Name _____ **Account** _____

Street Address

City _____ **Prov/State** _____ **Zip** _____

Trade References

1. Company Name

Contact Name _____ **Phone** _____ **Fax** _____

2. Company Name

Contact Name _____ **Phone** _____ **Fax** _____

3. Company Name

Contact Name _____ **Phone** _____ **Fax** _____

Credit Terms

By signing below, we are giving the bank authority to release applicable information to METER Group, Inc. USA. The information you have provided will remain confidential. This application is made with the understanding and agreement that METER's standard terms and conditions will apply, while provided, inter alia credit terms of net 30 days. If payment in full is not made within 30 days of the date invoiced, it is understood and agreed upon that an interest fee may be charged of 2% per month (24% annually) for all overdue invoices. Failure to pay invoices on time may result in a loss of credit terms with METER Group, Inc. USA. These provisions shall apply to all past, present, and future invoices submitted.

I the undersigned, represent myself as an authorized officer of the company seeking credit terms and have read and understand the above noted terms and conditions. Additionally, I agree to the terms and conditions noted above.

Signature of Authorized Officer _____ **Date** _____

Name/Title

Please return completed application to accounts.receivable@metergroup.com