



AS Wire

CONEX CABLE, L.L.C.

CONEX CABLE, LLC
1007 EAST LOCUST STREET
P.O. BOX 822
DEKALB, IL 60115

REQUEST FOR CUSTOMER ACCOUNT

Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Start Date _____ Requested Credit Limit _____

COMPANY TYPE Corporation ___ Partnership ___ Division/Subsidiary ___ LLC ___
** Proprietorship ___ ** Parent Company _____

OFFICERS

President/CEO _____

Controller _____

Accounts Payable _____

Mail Confirmations ___ **Email Confirmations** ___ **Email address:** _____

Mail Invoices ___ **Email Invoices** ___ **Email Address:** _____

TRADE REFERENCES

Supplier Name	Contact Name	Phone Number	Fax Number
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

BANK REFERENCES

Bank Name _____ Contact Person _____

Address _____

Phone Number _____ Fax Number _____

Account Number _____

D & B Number _____ Federal Tax ID Number _____

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

The undersigned warrants that all information contained in this application is true and accurate, and references will be checked before credit is established. All invoices, including applicable freight charges, are due in full 30 days from date of invoice. The undersigned also understands that an interest rate of 1 1/2% per month will be added to all invoices not paid within terms. In the event that this account is turned over to an attorney or to a collection agency for collection, the undersigned agrees to pay all fees and costs incurred in collection.

Signature _____ Date _____

Title _____

Return completed Credit Application and Certificate of Resale to Debbie Edmonds, Credit Manager

FX: 815-756-1950 or email: dedmonds@conexcable.com



May 1, 2011

Attention: Accounts Payable and/or Tax Department:

The State Department of Revenue requires that Conex Cable, LLC. to have on file, a Certificate of Resale for each of our customers. Please forward a copy at your earliest convenience via email, facsimile, or regular mail.

E-mail Address: dedmonds@conexcable.com

Facsimile: 815-756-1950 - Attn: Debbie Edmonds

US Mail: Conex Cable, LLC.
P.O. Box 822
DeKalb, IL 60115-0822
Attn: Debbie Edmonds

Thank you,

Debbie Edmonds

Debbie Edmonds
Credit Manager



TERMS AND FREIGHT POLICY

Conex Cable, LLC **terms are Net 30 Days** from date of invoice. Effective November 1, 2012 Please send all payments to:

**CONEX CABLE, LLC.
ATTN: ACCOUNTS RECEIVABLE DEPT
PO BOX 822
DEKALB, IL 60115-0822**

Conex Cable pays freight on orders exceeding 5,000 lbs.

Minimum Order: \$200.00

Product Disclosures

- *All weights, measurements, and values are nominal.*
- *Standard manufacturing tolerance is +/-10%. Any deviance from standard must be clearly noted on purchase order.*
- *Delivery dates specified on the order acknowledgement are approximate only, and any reasonable variation shall constitute adequate performance on the part of Conex.*
- *Conex's responsibility for transportation shall be limited to shipping at a competitive rate. Any excess costs for transportation, including special handling costs, will be charged to the customer, in addition to above mentioned prices.*

Call your local agent or Conex direct for current pricing and availability

Thank you,

Debbie Edmonds

*Debbie Edmonds
Credit Manager*