



CREDIT APPLICATION

64 West 48th Street, Suite 900, New York, BY 10036
212-391-2962 • 800-352-1472 • Fax: 212-391-9149
www.qualitycasting.com

APPLICANT: *Please fill out completely.*

Name: *(Include DBA, Corp. or Inc.)* _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact: (orders) _____ (Acct Payable) _____

Telephone: _____ Fax: _____

Year Established: _____ Years at this address: _____

JBT Rated: _____ Rating: _____ Monthly Credit Requirements: _____ (\$ Value)

Owner's Name: _____

TRADE REFERENCES: *Please provide four (4) references (include 2 Casters)*

Name	Complete address	Telephone
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____
4. _____	_____	() _____

BANK REFERENCES:

1. Institution Name: _____ Telephone: _____

Complete Address: _____

Contact: _____ Account: _____

2. Institution Name: _____ Telephone: _____

Complete Address: _____

Contact: _____ Account: _____



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TERMS OF ACCOUNT:

1. Once an account has been established, credit limits will be increased or reduced to reflect your record of payment.
2. All bills incurred within a given month are due payable on or before 30 days from invoice date. A finance charge will be imposed on any amount past due at a rate of 12% per annum. This rate is based on your past due balance and will be calculated on a daily basis. Orders placed on past due accounts will be held until account is current or may be sent COD along with part payment on your account.
3. If your account is turned over to a collection agency or attorney for collection or in the event of default, all collection, legal expenses, and reasonable attorney fees will be paid by the debtor. Collection and legal expenses shall include, but not be limited to, all costs of filing legal process, service of Summons and Complaint, witness fees, collection agency fees and attorney fees.
4. Returned merchandise must be received within ten days of invoice date. Credits are issued as per our return policy attached.

I understand and agree to the above policy and upon any default of the above entity the undersigned does hereby guarantee to Quality Casting Inc. prompt payment.

Name: _____

Signature: _____

Date: _____ / _____ / _____



RETURN POLICY

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To our valued customers:

We strive to provide the highest quality and service in producing your castings. Unfortunately, there are times when castings are returned due to some error in casting or ordering. In order for us to process returns quickly and accurately, the following guidelines must be observed:

1. All returns must be accompanied by a copy of the original invoice. Any merchandise returned without an invoice will receive metal credit at intrinsic value with no labor credit. Metal value will be assessed at its lowest rate going back 30 days.
2. Any reason for the return must be indicated on the invoice copy. In addition, please indicate if the merchandise is to be recast.
3. In the event of a finishing loss, metal credit will be issued for the actual weight of metal returned, not the weight originally invoiced.
4. Returns must be made within 10 days of the invoice date.

Failure to follow these guidelines will delay the processing and issuance of the credit due you.

As a reminder, we offer free delivery via AAA Delivery within New York City, Long Island, and parts of New Jersey. If you want to pick up your merchandise, please call in advance to be sure your order is ready.

Sincerely,
Carl Morfino,
President