



Mohawk Mfg. & Supply Co.  
7200 N. Oak Park Ave  
Niles, IL 60714  
Phone: 847-647-9350  
Fax: 847-647-1499

## PURCHASE AGREEMENT

We, the buyers, hereby agree to the following terms and conditions for purchase of goods from the seller, MOHAWK MFG. & SUPPLY CO.:

1. Any purchase Order pursuant to the accompanying Agreement shall not result in a Contract until it is accepted and acknowledged by seller at seller's office in Niles, Illinois.
2. Payment terms are net thirty (30) days after the rendering of seller's invoice.
3. Except for the Warranty that the goods are made in a workmanlike manner and in accordance with the specifications therefore supplied or agreed to by buyer and are made or packaged pursuant to seller's customary manufacturing procedures, SELLER MAKES NO WARRANTY EXPRESSED OR IMPLIED. Seller's maximum liability shall not, in any case, exceed the Contract price for the goods claimed to be defective or unsuitable.
4. Buyers shall notify seller within thirty (30) days of receipt of goods of any complaint whatsoever buyer may have concerning such merchandise.
5. If buyer places an order with seller based upon a quotation, whether in writing or orally, then this quotation and buyer's order and seller's acceptance or confirmation will constitute the entire Contract between buyer and seller with respect to the subject matter of the quotation.
6. This Agreement shall be governed by the laws of the State of Illinois and the jurisdiction for any litigation relating to any purchase made by buyer shall be in the County of Cook, State of Illinois. If seller initiates litigation to recover moneys due under the sale of any goods to the buyer, seller shall be entitled to his attorney's fees and court costs as part of the lawsuit.

AGREED TO:

BUYER

This Contract is Guaranteed by the Undersigned.

Dated \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_



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## REQUEST FOR CREDIT CONSIDERATION

COMPLETE COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

NAME & TITLE OF  
PERSON REQUESTING CREDIT \_\_\_\_\_

ILLINOIS COMPANIES ONLY: Tax Exempt - YES \_\_\_ NO \_\_\_ . If YES, Tax Exempt number is : \_\_\_\_\_

### References

BANK \_\_\_\_\_ ACCT.# \_\_\_\_\_

FAX NO. \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

COMPLETE ADDRESS\* \_\_\_\_\_

1. COMPANY NAME \_\_\_\_\_

FAX NO. \_\_\_\_\_

COMPLETE ADDRESS\* \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_

FAX NO. \_\_\_\_\_

COMPLETE ADDRESS\* \_\_\_\_\_

3. COMPANY NAME \_\_\_\_\_

FAX NO. \_\_\_\_\_

COMPLETE ADDRESS\* \_\_\_\_\_

\*Please furnish complete Street Addresses and Zip Codes for all listed credit references. Thank You