

CREDIT APPLICATION

BILLING INFORMATION

REGISTERED NAME OF COMPANY	TYPE OF BUSINESS	CITY & STATE INCORPORATED	
OTHER TRADE NAMES/CALL LETTERS/DBA's	DATE BUSINESS STARTED	D & B NUMBER	
BILLING ADDRESS	CITY	STATE	ZIP
SHIPPING ADDRESS	CITY	STATE	ZIP
ACCOUNTS PAYABLE CONTACT	TELEPHONE NUMBER	FAX NUMBER	
PURCHASING CONTACT	TELEPHONE NUMBER	FAX NUMBER	
SALES/USE TAX EXEMPT?	IF YES, FEDERAL/STATE TAX NUMBER (PLEASE ENCLOSE TAX EXEMPT CERTIFICATE)	DESIRED CREDIT LIMIT	

LIST OF PRINCIPALS

NAME	TITLE	SOCIAL SECURITY NUMBER
NAME	TITLE	SOCIAL SECURITY NUMBER

INDUSTRY RELATED TRADE REFERENCES (PLEASE LIST 3)

1.			
COMPANY NAME	ACCOUNT #	TELEPHONE NUMBER	FAX NUMBER
ADDRESS	CITY	STATE	ZIP
2.			
COMPANY NAME	ACCOUNT #	TELEPHONE NUMBER	FAX NUMBER
ADDRESS	CITY	STATE	ZIP
3.			
COMPANY NAME	ACCOUNT #	TELEPHONE NUMBER	FAX NUMBER
ADDRESS	CITY	STATE	ZIP

BANK REFERENCE

NAME	ACCOUNT NUMBER	ACCOUNT TYPE	
CONTACT NAME	PHONE NUMBER	FAX NUMBER	
ADDRESS	CITY	STATE	ZIP

WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF OUR KNOWLEDGE. RELEASE OF THIS INFORMATION FOR THE PURPOSE OF OBTAINING CREDIT IS AUTHORIZED. WE ATTEST FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY ALL INVOICES IN ACCORDANCE WITH TERMS OF SALE. WE AGREE TO PAY FOR ALL FEES INCURRED IN THE COLLECTION OF PAST DUE BALANCES. A FINANCE CHARGE OF 1-1/2% PER MONTH (18% PER ANNUM) WILL BE ASSESSED ON PAST DUE BALANCES. TITLE OF GOODS SHALL NOT PASS UNTIL THE PURCHASE PRICE IS PAID IN FULL.

OFFICER'S SIGNATURE	PRINTED NAME	TITLE	DATE
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FOR INTERNAL USE ONLY

DATE APPROVED	TERMS	CREDIT LIMIT	SALESPERSON ID
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