

FID: 99-0216738

CREDIT APPLICATION

CUSTOMER NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____
PHONE NO: _____ Ext. _____ FAX NO: _____
EMAIL ADDRESS: _____
MAILING ADDRESS: _____

BUSINESS TYPE: _____ SOLE PROPRIETORSHIP _____ CORPORATION _____ PARTNERSHIP
FID: _____ NUMBER OF YEARS IN BUSINESS: _____

<u>POSITION</u>	<u>NAME</u>	<u>PHONE NUMBER</u>
PRESIDENT/OWNER:	_____	_____
ACCOUNTS PAYABLE:	_____	_____
PURCHASING:	_____	_____
SALES TAX NO:	_____	D & B NO: _____

ESTIMATED MONTHLY PURCHASES: \$ _____ AMOUNT OF CREDIT REQUESTED: \$ _____

PLEASE SUBMIT THREE CREDIT REFERENCES

- | | | |
|----|--|--|
| 1. | NAME: _____
ADDRESS: _____
CITY, STATE: _____
ZIP CODE: _____ | FAX NO: _____
CONTACT: _____
MONTHLY VOLUME: \$ _____
NET: 30 60 90 |
| 2. | NAME: _____
ADDRESS: _____
CITY, STATE: _____
ZIP CODE: _____ | FAX NO: _____
CONTACT: _____
MONTHLY VOLUME: \$ _____
NET: 30 60 90 |
| 3. | NAME: _____
ADDRESS: _____
CITY, STATE: _____
ZIP CODE: _____ | FAX NO: _____
CONTACT: _____
MONTHLY VOLUME: \$ _____
NET: 30 60 90 |

BANKING AFFILIATION

BANK NAME: _____ PHONE NO: _____
BRANCH: _____ CONTACT: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____