



FIN 39-1363853

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CREDIT AMOUNT REQUESTED:

CREDIT APPLICATION

ORGANIZATION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

DATE BUSINESS ESTABLISHED _____ TAX EXEMPT# _____ DUN & BRADSTREET # _____

AUTHORIZED BUYER: _____ PURCHASE ORDER _____ INDIVIDUAL (NAMES) _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BRANCH ADDRESS _____ CITY _____ STATE _____ ZIP _____

LIST THREE CREDIT REFERENCES — GIVE COMPLETE INFORMATION

1) NAME _____ TELEPHONE _____ FAX _____

ADDRESS _____ ACCT# _____

2) NAME _____ TELEPHONE _____ FAX _____

ADDRESS _____ ACCT# _____

3) NAME _____ TELEPHONE _____ FAX _____

ADDRESS _____ ACCT# _____

NAME OF BANK _____ TELEPHONE _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT TYPE: CHECKING _____ SAVINGS _____ LOAN _____

NATURE OF BUSINESS _____ ANNUAL SALES _____

NOTE

CREDIT TERMS ARE NET 15 DAYS.

Price subject to change without prior notice. All sales subject to credit approval. No returns accepted without prior approval. All returns must be shipped prepaid in original cartons. Credit will not be given for returns damaged due to improper packing. In the event that buyer defaults payment, buyer agrees to pay reasonable attorney fees and or collection agency fees plus 1.5 percent monthly service charge on unpaid balance.

The transportation company acknowledges receipt of shipment in good condition by signing a bill of lading. It is consignee's responsibility to make all damaged freight claims.

Unless otherwise indicated on customer's order, partial shipment will be made when necessary and balance of order will be back-ordered until available.

NAME OF INDIVIDUAL RESPONSIBLE FOR PAYMENT _____

SIGNATURE OF INDIVIDUAL RESPONSIBLE FOR PAYMENT _____ PHONE _____

PROPRIETARY INFORMATION

TYPE OF BUSINESS:

[] PROPRIETORSHIP [] PARTNERSHIP [] CORPORATION [] OTHER _____ L FIN# _____

OWNERS OR OFFICERS; AT LEAST TWO (2) IF NOT A PROPRIETORSHIP

NAME _____ TITLE _____

NAME _____ TITLE _____

LOCATION OF HOME OFFICE _____ CITY _____ STATE _____ ZIP _____

CHECK HERE FOR FORM OF PAYMENT DESIRED UNTIL CREDIT APPROVAL:

[] CASH WITH ORDER [] CREDIT CARD

I/WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO PAY. ACCORDING TO TERMS IN CONSIDERATION OF EXTENDED CREDIT.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____