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APPLICATION FOR CREDIT
(All information will be held in the strictest confidence)

DATE _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

TYPE OF BUSINESS _____

YEAR ESTABLISHED _____ FEIN # _____ - _____

INDIVIDUAL _____ CORPORATION _____ PARTNERSHIP _____ DIVISION _____ OTHER _____

IF A DIVISION, NAME AND ADDRESS OF PARENT COMPANY:

PRESIDENT _____ CONTROLLER _____

BANK REFERENCE: _____

ADDRESS: _____

ACCOUNT # _____

CONTACT: _____ PHONE: _____ FAX: _____

TRADE SUPPLIERS: (PLEASE GIVE THE NAMES OF 3 OPEN ACCOUNTS)

NAME: _____

ADDRESS: _____

CONTACT: _____ ACCT # _____

PHONE #: _____ FAX# _____

NAME: _____

ADDRESS: _____

CONTACT: _____ ACCT # _____

PHONE #: _____ FAX# _____

NAME: _____

ADDRESS: _____

CONTACT: _____ ACCT # _____

PHONE #: _____ FAX# _____

SALES TAX EXEMPT # _____

Signature Title Date