

COMMERCIAL CREDIT APPLICATION

BUSINESS NAME _____ DBA _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____

NAME & TITLE OF PROPRIETOR, PARTNER OR OFFICER: _____

SOCIAL SECURITY NO. _____ - _____ - _____

CURRENT HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____

BANK

BANK NAME _____ BRANCH _____

STREET ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ FAX _____

ACCOUNT NO _____ TYPE OF ACCOUNT _____

CREDIT REFERENCES

NAME _____ PHONE _____ FAX _____

ADDRESS _____ CONTACT _____

CITY _____ STATE _____ ZIP _____ ACCT NO _____

NAME _____ PHONE _____ FAX _____

ADDRESS _____ CONTACT _____

CITY _____ STATE _____ ZIP _____ ACCT NO _____

NAME _____ PHONE _____ FAX _____

ADDRESS _____ CONTACT _____

CITY _____ STATE _____ ZIP _____ ACCT NO _____

BUSINESS TYPE

SOLE PROPRIETOR _____ PARTNERSHIP _____ ASSOCIATION _____ CORPORATION _____

PRIMARY PRODUCT/ACTIVITY _____

INCORPORATED UNDER STATE LAWS OF _____

YEARS ESTABLISHED _____ PARENT COMPANY _____

TIME AT PRESENT LOCATION _____

EVER FILED BANKRUPTCY? YES _____ NO _____ (check one)

AMOUNT OF CREDIT DESIRED? \$ _____

I acknowledge and agree that interest at the rate of 1.5% per month will be charged on all balances remaining unpaid after 31 days from the date said amounts are incurred. In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorney's fees. I understand that the above information is given for the purpose of obtaining credit and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

SIGNATURE _____ TITLE _____ DATE _____