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APPLICATION FOR CREDIT

Name of Firm Or Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ In Business Since: _____

Ownership: Partnership _____ Individual _____ Corp. _____ D&B # _____

Check here if incorporated in last 12 Mo: _____ Corp Federal ID# _____

If individual please give Social Security# _____ - _____ - _____ Driver License# _____

Names, Address, Zip, Phone For Principles/Owners:

1. Name: _____ Position: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

2. Name: _____ Position: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

3. Name: _____ Position: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

BANK REFERENCES					
Bank Name	Contact	Account #	Address	Telephone #	Fax #

TRADE REFERENCES					
Company Name	Contact	Account #	Address	Telephone #	Fax #

Check here if cash sales are ok until Credit Approved _____

We certify that all of the information on this form is correct. We fully understand your credit terms are Net 30 Days and agree to the proper payment in consideration of extended credit. We agree that if we default in payment in accordance with terms, we will pay all cost of collections including but not limited to collection agency fees, reasonable attorney fees, court costs, filing fees and service fees.

Signed: _____ Title: _____ Date: _____