

APPLICATION FOR CREDIT

To be completed by potential customer.

Payer (Company Name) - Loc	ation where m	onthly statements sh	ould be ma	iled.					
Street Address / PO Box			City, Stat	City, State Z			Code		
Phone Number	Fax Number		Company Website						
Bill To - Location where invoices should be mailed. If same, write				e "SAME" below.			Account Number		
Street Address / PO Box			City, State			Zip	Zip Code		
Sold To - Location where Pur	chase Orders a	are processed. If sam	e, write "S	SAME" below. Account Number			count Number		
Street Address			City, Stat	City, State			Zip Code		
Ship To - Location where Me	rchandise is De	elivered. If same, wr	ite "SAME	" belov	v.	Acc	count Number		
Street Address				City, State		Zip	Zip Code		
Company Structure / Financial Information									
Desired Credit Line		Amount of First Order		Potential Volume		Net	Net Worth (Month/Year)		
Year of Establishment	Tax Exem	Tax Exempt Number		Major Line of Business		Do	Do you pay by Statement?		
Type of business (identify with		in the second							
Corporation		Partnership			Sole Propri				
Is your company a subsidiary or	division of and	other company? (Y/N)	, if yes, plea	ase iden	tify the parent of	compa	ny.		
Contact Information									
President / Owner		Phone Number		Fax Nu	ımber		Email Address		
Accounts Payable		Phone Number		Fax Number			Email Address		
Buyer		Phone Number		Fax Number			Email Address		

Required Attachments

- 1. VOIDED CHECK in order for us to record your MICR number.
- 2. Copy of your BALANCE SHEET and INCOME STATEMENT for the last fiscal year (required for ALL credit lines over \$10K).
- 3. At least 3 TRADE REFERENCES (Company, Phone Number, Fax Number, and Account Number).
- 4. At least 1 BANK REFERENCE (Bank Name, Phone Number, Fax Number, and Account Number).
- 5. Tax Exempt Certificate.

The undersigned hereby agree to the release of all credit background information. (This application must be signed by an officer of the company or an authorized employee. Unsigned applications will be returned.)

Cignotura	Drint Name	Title	Doto
Signature	Fillit Name	Title	Date