

APPLICATION FOR CREDIT

1 BUSINESS NAME: _____ DATE: _____
TRADE STYLE: _____
STREET ADDRESS: _____ **P. O. BOX:** _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____ FAXNUMBER: _____
TYPE OF ORGANIZATION / LINE OF BUSINESS: _____
 CORPORATION PROPRIETORSHIP PARTNERSHIP GENERAL LIMITED
 MANUFACTURER JOBBER/WHOLESALE RETAILER
SPECIFY PRODUCT (S): _____
YEAR STARTED: _____ STATE OF INCORPORATION: _____ DUNS NUMBER: _____
AFFILIATED COMPANIES: _____

2. NAMES OF PRINCIPALS / % OWNERSHIP / ADDRESS / HOME PHONE NUMBER:

3. NAME OF BANK (S): _____
COMPLETE ADDRESS: _____ PHONE#: _____
CHECKING #: _____ SAVINGS #: _____ LOAN #: _____
BANKING OFFICER: _____ TITLE: _____

4. ARE YOUR ACCOUNTS RECEIVABLE FACTORED? NO YES

IF YES. GIVE NAME OF FACTOR(S) : _____

ACCOUNT EXECUTIVE : _____ PHONE NUMBER: _____

5. TRADE REFERENCE (PRIMARY SUPPLIERS) LIST : NAME, COMPLETE ADDRESS, TEL. #

PLEASE LIST OTHER FACTORS FIRST / ATTACH ADDITIONAL SHEETS IF NEEDED

6. ACCOUNTING FIRM : _____ C.P.A P. A.

COMPLETE ADDRESS : _____

ACCOUNTANT'S NAME : _____ PHONE NUMBER : _____

STATEMENTS PREPARED : MONTHLY QUARTERLY ANNUALLY

PLEASE ATTACH COPIES OF LATEST FISCAL AND INTERIM FINANCIAL REPORTS

The above information is true, and correct to the best of my knowledge
and can be used to establish credit for the above named business.

SIGNED BY: _____

TITLE: _____

This information will be kept confidential and is for our use only. Your
cooperation will enable us to expedite orders placed with our
client (s) and to properly service your account.