

APPLICATION FOR CREDIT

The following information is to be used as a basis for consideration for extension of credit. Date: _____

Business Name: _____ Phone: _____ Fax: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Business Type: _____ Dunn & Bradstreet Rating: _____
 Year Established: _____ Corporation: _____ Partnership: _____ Proprietorship: _____
 Related Firms: _____ Phone: _____

NAMES OF PRINCIPAL OFFICERS, PARTNERS OR PROPRIETORS:

Name: _____ Title: _____ E-mail: _____
 Home Address: _____ Phone: _____
 Name: _____ Title: _____ E-mail: _____
 Home Address: _____ Phone: _____
 Name: _____ Title: _____ E-mail: _____
 Home Address: _____ Phone: _____

BANK REFERENCES:

Name of Bank: _____ Contact: _____ Phone: _____
 City: _____ State: _____ Fax/E-mail: _____
 Name of Bank: _____ Contact: _____ Phone: _____
 City: _____ State: _____ Fax/E-mail: _____

TRADE REFERENCES:

(Provide names of those you purchase from – open accounts.)

Company Name: _____ Phone: _____ Fax/E-mail _____
 Address: _____ City: _____ State: _____ Zip: _____
 Company Name: _____ Phone: _____ Fax/E-mail _____
 Address: _____ City: _____ State: _____ Zip: _____
 Company Name: _____ Phone: _____ Fax/E-mail _____
 Address: _____ City: _____ State: _____ Zip: _____

CERTIFICATE

The undersigned represents and warrants that the foregoing Confidential Information and the financial statement of Distributor attached hereto and made apart hereof is a true, correct and complete statement of the assets and liabilities of the undersigned as of the close of business on the _____ day of _____, 20____.

TERMS: Invoices are due and payable in full 30 days from date of invoice. Balances unpaid after 30 days will bear interest at 1.5% per month (being 18% per annum). If finance charge exceeds maximum by law, it will automatically be reduced, with any excess refunded.

Our firm is financially able to meet any commitments we have made and we agree to pay your invoice according to your terms.

Date: _____ Signature: _____
 Print Name: _____ Position: _____