

APPLICATION FOR CREDIT



| | | | | |
|---------------------------------|---------------|-------|---|---|
| Name of Credit Applicant | Business Name | | Resellers Tax ID | Years In Business |
| | Address | | Address is: For purposes of UPS delivery | Business Residential Years at this address |
| | City | State | Zip | Phone Number |
| | Fax number | | Website | E-mail |

| | |
|--|--|
| The following information must be provided. It will be held in the strictest confidence. | Our Standard Credit Terms Are 30 Days Net |
| Corporation | check here if incorporated within the past 12 months |
| | partnership individual |

| | | | | |
|------------------|----|---------------------|---------|-------|
| Ownership | | Names of principals | address | phone |
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |

| | | |
|----------------|----------------------------|---------|
| Finance | Bank | Address |
| | Bank officer or department | phone |

| | | | | | |
|-------------------------|----|---------------|------------------|-------------|-----------|
| Trade References | | Business name | complete address | Telephone # | account # |
| | 2. | | | | |
| | 3. | | | | |
| | 4 | | | | |

Check here if COD is acceptable until is credit approved

Check here if you would prefer to use credit card (VISA, MC, Discover only) . We reserve the right to apply 3% additional charge to all credit card purchases.

We the undersigned certify that all information on this form is correct. We understand the credit terms and agree to the proper payment .

| | | |
|--------|--------------|------|
| Signed | Printed Name | Date |
| Title | | |



PLEASE SEND / FAX A COPY OF YOUR TAX ID