

CREDIT APPLICATION

Date _____

I (we) hereby apply for extension of credit. The following information is submitted in confidence.

LEGAL NAME OF COMPANY _____ TELEPHONE _____

ADDRESS _____ E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

ESTABLISHED YEAR _____ PRESENT OWNERSHIP YEAR _____ CORPORATION PARTNERSHIP PROPRIETORSHIP

PRINCIPAL OWNERS OR OFFICERS

NAME	TITLE	HOME ADDRESS	CITY/STATE	SS#	TELEPHONE
1. _____					
2. _____					
3. _____					

REFERENCES

BANK	CHECKING ACCOUNT NO.	CITY	STATE	ACCOUNT NUMBER	TELEPHONE
1. _____					

LENDING OFFICER _____ TELEPHONE _____

MAJOR TRADE SUPPLIER* (WITH OPEN TERMS)	STREET ADDRESS	CITY	STATE	ACCOUNT NUMBER	TELEPHONE
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

***PLEASE LIST CURRENT WHOLESALE SUPPLIERS**

A current financial statement must be submitted in order to qualify for credit approval. If current figures are not available, please complete and sign the form on the reverse side.

If credit is extended I/we agree to pay all debts incurred within the terms of sale. However, should the debt become past due I/we expressly agree (subject to statutory regulations) to pay finance charges on the past due amounts at the rate of 1½% per month (18% annual rate); provided that no provision of this agreement requires or permits the collection of finance charges in excess of the maximum amount permitted by law. I/we further expressly agree to pay reasonable collection costs and/or attorney's fees incurred in the connection with the collection of this account.

This application must be signed by an Officer or Principal in order to be processed.

SIGNED BY: _____ TITLE _____ DATE _____	DEVISION _____ APPROVAL _____ DATE _____ ACCT. MGR. _____ SALES TERR. _____
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