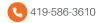


CREDIT APPLICATION

			Date:		
Company Name:					
Parent Co:					
Street Address:					
City		State:	Zip:		
Phone:		Fax:			
The following information is s Credit to us:	submitted for your consic	deration as basis of extensio	n of		
We operate:	(type of business)	We have b	een established	years.	
Our Legal entity is: Co	rporation Indivi	dual Partnership)		
If a corporation, list names of	officers & titles. If other e	entity list names of partners o	or owners.		
<u>Name</u>	<u>Title</u>	<u>Address</u>			
Annual Sales Volume:		Credit Desir	ed:		
Primary Bank Reference:					
Account Offices:					
Address:					
Account#:					













TRADE REFERENCES: (three required)	
Name:	
Street:	
City, State, Zip:	
Phone:	Fax:
Name:	
Street:	
City, State, Zip:	
Phone:	Fax:
Name:	
Street:	
City, State, Zip:	
Phone:	Fax:
Bank and Trade references may reply upon my signature as	authorization to release standard credit information.
Authorized Signature:	Title:
Company:	
Customer approved for \$ cred	it. Payment terms are
Approved By:	Date:



