

## CREDIT APPLICATION

COMPAN	NY NAME							TELEPHONE		
STREET	ADDRESS							FAX NO		
CITY/ST.	ATE							ZIP/CODE		
	CORPORATION		PARTN	NERSHII			PROP	RIETORSHIP		
BILLING	ADDRESS									
CITY/ST.	ATE							ZIP/CODE		
ACCOUNTS PAYABLE CONTACT								TELEPHONE		
EMAIL_								FAX NO		
COMPA	NY DIRECTORS/ C	OFFICERS/	PRINCI	PALS						
NAME 1POSITION							TELEPHONE			
HOME S	TREET ADDRESS_									
CITY/ST.	ATE							ZIP/CODE		
NAME 2POSITION_				ION						
HOME S	TREET ADDRESS_									
CITY/ST.	ATE							ZIP/CODE		
NAME 3			POSITION					TELEPHONE		
HOME S	ΓREET ADDRESS_									
CITY/ST.	ATE							ZIP/CODE		
ARE FIN	ANCIAL STATEME	NTS AVILA	ABLES?		YES		NO			
ANNUAI	L SALES							_		
ANY LEC	GAL ACTION PEND	ING? [		YES		NO				
MONTHLY CREDIT LIMIT SOUGHT:							# OF `	_# OF YEARS IN BUSINESS		
NOTE: IF	F IN BUSINESS LES	S THAN FI	VE YEAI	RS, PLE	ASE CO	MPLETI	E PERSO	NAL GUARANTEE		
BANKIN	G DETAILS									
BANK NAME						ACCOUNT #				
BRANCH	I ADDRESS									
CITY/ST.	TY/STATE ZIP/CODE					SWIFT CODE				



## TRADE REFERENCES

VENDOR 1	ACCOUNT#					
ADDRESS						
	ZIP/CODE					
TELEPHONE	CONTACT NAME					
	CURRENT TERM_					
VENDOR 2	_ACCOUNT#					
ADDRESS						
	ZIP/CODE					
TELEPHONE	CONTACT NAME					
	CURRENT TERM					
VENDOR 3	ACCOUNT#					
ADDRESS						
	ZIP/CODE_					
	CONTACT NAME					
	CURRENT TERM					
CIGDII Divili	COMMENT TEMM_					

## Note:

Upon approval of the above, each account will be established based on the credit limit granted. Customer will be notified the approval within 7 working days.