



APPLICATION FOR CREDIT

NAME OF FIRM		DATE
STREET ADDRESS/P.O. BOX		
CITY/STATE/POSTAL CODE		COUNTRY
TELEPHONE	FAX	E-MAIL

The following information is submitted for your consideration as a basis of extension of credit to us:

We operate (type of business) _____ We have been established since (year) _____

Our legal entity is: Corporation Partnership Proprietorship **SS#** - -

Principal place of business _____ **E.I.D.#** _____

If a corporation, list names of officers and titles. (If other entity, list names of partners or owners.)

NAME	ADDRESS	PHONE NUMBER

TRADE REFERENCES

NAME	CITY, STATE, ZIP	PHONE #	FAX #	HOW LONG?

WE BANK AT

NAME	CITY, STATE, ZIP	PHONE #	ACCT #

TERMS & CONDITIONS

Our terms are NET 10 days. After 10 days, a monthly finance charge of 1 1/2 %, which is an annual percentage rate of 18% of the unpaid balance, will be charged.

_____ will be personally responsible (as an individual) for debts incurred by the above named corporation. In the event that the creditor retains an attorney or incurs any other collection expense, the undersigned shall be responsible for reasonable attorneys fees and costs incurred in the collection.

Your signature below indicates that you have read these terms and will abide by them.

DATE	SIGNATURE	TITLE
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PERSONAL GUARANTEE

I/We, the undersigned, do hereby personally and individually promise to pay the obligations incurred by the debtor if credit is extended to a corporation in which I am directly or indirectly interested.

SIGNATURE