

## **New Customer Application**

| lame/Address               |                    |                              |          |               |                       |  |
|----------------------------|--------------------|------------------------------|----------|---------------|-----------------------|--|
| Last:                      | First:             |                              | Mi       | ddle Initial: |                       | Title  |
| Name of Business:          |                    |                              |          |               |                       | Tax I.D. Number  |
| Address:                   |                    |                              |          |               |                       |  |
| City:                      | State:             | ZIP:                         |          |               | Pho                   | one:   |
| Company Informat           | tion               |                              |          |               |                       |  |
| Type of Business:          |                    |                              | In       | Business Sind | e:                    |  |
| Legal Form Under Which     | Business Operate   | es:                          |          |               |                       |  |
| State/Province:            |                    | Corporation                  |          | Pai           | tnership              | □ Proprietorship □   |
| If Division/Subsidiary, Na | me of Parent Con   |                              |          | In Busin      |                       |  |
| Name of Company Princ      |                    |                              | ns:      | Title:        |                       |  |
| Address:                   | City:              |                              | ate:     | ZIP:          | Pho                   | one:   |
| Name of Company Princ      | pal Responsible fo | or Business Transaction      | ns:      | Title:        |                       |  |
| Address:                   | City:              |                              | ate:     | ZIP:          | Dha                   | one:   |
| Address.                   | Oity.              | Sta                          | ate.     | LIF.          | FIIC                  | JIIG.  |
| Bank References            |                    |                              |          |               |                       |  |
| Institution Name:          |                    | Checking Account #: Address: |          |               |                       |  |
|                            |                    |                              |          |               |                       |  |
| rade References            |                    | 1                            |          |               |                       |  |
| COMPANY NAME               | COMPANY NAME       | OMPANY NAME                  |          |               | COMPANY NAME          |  |
| Contact Name:              |                    | Contact Name:                |          |               | Contact Name:         |  |
| Address:                   |                    | Address:                     |          |               | Address:              |  |
|                            |                    |                              |          |               |                       |  |
|                            |                    |                              |          |               |                       |  |
| Phone:                     |                    | Phone:                       |          |               | Phone:                |  |
| Account Opened Since:      |                    | Account Opened Since:        |          |               | Account Opened Since: |  |
| Credit Limit:              |                    | Credit Limit:                |          |               | Credit Limit:         |  |
| Current Balance:           |                    | Current Balance:             |          |               | Current Balance:      |  |
| inancial Informat          | ion                |                              |          |               |                       |  |
| Company Total Assets       |                    | Total Liabilities            | Annu     | al Net Incom  | 9                     |  |
| <u> </u>                   |                    |                              |          | ·             |                       |  |
| Have you or your officers  |                    | · ·                          |          | Yes 🗆         | No 🗆                  |  |
| Is your company subject    | to any litigation? | Yes 🗌 No 🗆                   | If s     | o, describe:  |                       |  |
| Ve declare that the above  | information is t   | rue, correct and com         | plete an | d is given to | induce                | the Company to extend credit. We                                     |
|                            |                    |                              |          |               |                       | ng contacting the above trade<br>ks and credit reporting agencies to |
| isclose to the Company     | any and all inforr | nation concerning the        | e financ | al and credi  | t history             | of my company and myself:  |
| have read the terms and    | -                  |                              |          |               | -                     |  |
| roug are termin and        | conditions state   | a solon and agree to         | . u o. u |               | 0011                  |  |
|                            |                    |                              |          |               |                       |  |
| lame of Company:           |                    |                              |          | _             |                       |  |
|                            |                    |                              |          |               |                       |  |
| and and a second           |                    |                              |          | Б.            |                       |  |
| Authorized Signature:      |                    |                              |          | Date:         |                       |  |
|                            |                    |                              |          |               |                       |  |
| Printed Name:              |                    |                              |          | Title:        |                       |  |