

This form must be signed & dated and must accompany all credit requests.

1. Company Info

Company Name _____	Owner/President _____
Address _____	Finance Manager _____
_____	General Manager _____
City _____ State/Prov _____	Postal Code _____ Credit Amt Requested _____
Purchasing Contact _____	Phone _____ Fax _____
A/P Contact _____	Phone _____ Fax _____
DUNS # _____	Year Business Established _____ Fed Tax ID # _____

2. Banking Info

Bank Name _____	Bank Officer Contact _____								
Address _____	Phone _____								
_____	Date Account Opened _____								
City _____ State/Prov _____	Postal Code _____								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Acct Types</td> <td><input type="checkbox"/> Checking</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Savings</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Loan</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Line of Credit</td> </tr> </table>		Acct Types	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings		<input type="checkbox"/> Loan		<input type="checkbox"/> Line of Credit
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3. Financials

Attach a copy of your current balance sheet. Failure to do so may result in credit, if granted, being held to minimum levels which may not be adequate for your needs. We will hold all financial information that you provide strictly confidential.

4. Current Trade References

At least four current trade references are required. Place trade references on the next page in the area provided or attach a separate sheet that supplies all of the requested information. Incomplete information may result in refusal of credit.

5. Agreement

By requesting that R.W. Fernstrum & Company grant you credit, and by signing below, you agree to be bound by the credit terms offered by R.W.Fernstrum & Company. Per R.W. Fernstrum & Company policy, credit terms will not be granted for more than 30 days from date of invoice. In addition, in the event that any credit granted to your company becomes delinquent, you agree to pay interest at the rate of 1% per month (12% per year) and to pay any collection and/or legal fees associated with any attempt by us to collect amounts due us by your company.

6. Signature / Certification / Authorization

By signing below I certify that the information that I have provided on this form is true and correct to the best of my knowledge and that I am authorized to provide the information contained herein. I understand that any falsification of information may result in rejection of this application for credit by R.W. Fernstrum. I also authorize the bank and trade references that I have listed to provide R.W. Fernstrum with information relating to our accounts for the purpose of establishing credit.

Signature _____ Printed Name _____

Title _____ Date _____

5. Current Trade References: (4 required) PLEASE INCLUDE FAX NUMBERS

1.	Company Name _____ Address _____ _____ City _____ State/Prov _____	Contact Name _____ Contact Phone Number _____ FAX Number _____ Postal Code _____
2.	Company Name _____ Address _____ _____ City _____ State/Prov _____	Contact Name _____ Contact Phone Number _____ FAX Number _____ Postal Code _____
3.	Company Name _____ Address _____ _____ City _____ State/Prov _____	Contact Name _____ Contact Phone Number _____ FAX Number _____ Postal Code _____
4.	Company Name _____ Address _____ _____ City _____ State/Prov _____	Contact Name _____ Contact Phone Number _____ FAX Number _____ Postal Code _____
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