FERNSTRUM®

Credit Application

1. Company Info

<div style="border:1px solid orange; text-align:center">

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

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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 _____   Acct Types
- ☐ Checking
- ☐ Savings
- ☐ Loan
- ☐ Line of Credit

City _____ State/Prov _____ Postal Code _____

Bank Name _____   Bank Officer Contact _____

Address _____   Phone _____

_____   Date Account Opened _____   Acct Types
- ☐ Checking
- ☐ Savings
- ☐ Loan
- ☐ Line of Credit

City _____ State/Prov _____ Postal Code _____

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 &/or EMAIL ADDRESSES**

1. Company Name _____   Contact Name _____
   Address _____   Email Address _____
   _____   FAX Number _____
   City _____ State/Prov _____ Postal Code _____

2. Company Name _____   Contact Name _____
   Address _____   Email Address _____
   _____   FAX Number _____
   City _____ State/Prov _____ Postal Code _____

3. Company Name _____   Contact Name _____
   Address _____   Email Address _____
   _____   FAX Number _____
   City _____ State/Prov _____ Postal Code _____

4. Company Name _____   Contact Name _____
   Address _____   Email Address _____
   _____   FAX Number _____
   City _____ State/Prov _____ Postal Code _____

5. Company Name _____   Contact Name _____
   Address _____   Email Address _____
   _____   FAX Number _____
   City _____ State/Prov _____ Postal Code _____

6, Company Name _____   Contact Name _____
   Address _____   Email Address _____
   _____   FAX Number _____
   City _____ State/Prov _____ Postal Code _____