



FREMONT DIE CONSUMER PRODUCTS, INC.
1709A Endeavor Drive
Williamsburg, VA 23185
PHONE: 757-872-6438 / FAX: 757-872-6958

APPLICATION FOR CREDIT

The Following Information Must Be Completed In Full (please type or print)

YOUR COOPERATION IN PROVIDING THE FOLLOWING CONFIDENTIAL INFORMATION WILL HELP US TO ESTABLISH YOUR COMPANY AND BETTER SERVE YOUR FUTURE BUSINESS NEEDS.

BILLING ADDRESS

Name of Firm or Individual _____
Address (Street) _____
Address (UPS does not ship to a P.O. box) _____
City _____ State _____ Zip Code _____
Telephone No. () _____

SHIPPING ADDRESS

Name of Firm or Individual _____
Address (Street) _____
Address (UPS does not ship to a P.O. box) _____
City _____ State _____ Zip Code _____
Telephone No. () _____

OWNERS or OFFICERS

Name _____
Home Address _____
City _____ State _____ Zip _____
Title _____
Telephone No. () _____

Name _____
Home Address _____
City _____ State _____ Zip _____
Title _____
Telephone No. () _____

OTHER PERSONS AUTHORIZED TO PLACE ORDERS

Name _____ Title _____
Name _____ Title _____

Name of Individual Responsible for Accounts Payable _____

BUSINESS HISTORY

1. Date business started _____. Years under present management _____
2. Number of years at this location _____
3. Type of Business _____
4. Is this Concern a:
Corporation___ Partnership___ Proprietorship___
Year Incorporated _____ State _____
5. Is this concern a division, subsidiary, or affiliated with another company or corp.? YES___ NO___

- 5b. If so, give details: _____
6. D & B Rated? YES ___ NO ___
Yearly Sales Volume (Approx.) \$ _____ (op.)
7. When invoicing is to be made to other than the above address, indicate billing address here: _____
8. Estimated Monthly Purchases _____
9. Amount of Pending Order _____

BANK REFERENCES

Name of Bank _____
Street _____ Telephone () _____
(DO NOT LIST R.D. OR P.O. BOX #)
City _____ State _____ Zip Code _____
Savings Account No. _____ Checking Account No. _____
Bank Officer Handling Your Account _____

Name of Bank _____
Street _____ Telephone () _____
(DO NOT LIST R.D. OR P.O. BOX #)
City _____ State _____ Zip Code _____
Savings Account No. _____ Checking Account No. _____
Bank Officer Handling Your Account _____

Federal Tax ID # _____ State Tax ID # _____

SUPPLIER REFERENCES

Please supply names of four firms where credit terms have been used regularly in the past 18 months.

Name of Supplier _____	Name of Supplier _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone No. () _____	Telephone No. () _____
Fax No. () _____	Fax No. () _____
Contact _____	Contact _____

Name of Supplier _____	Name of Supplier _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone No. () _____	Telephone No. () _____
Fax No. () _____	Fax No. () _____
Contact _____	Contact _____

Tax Exemption No. _____

Check if Credit Card Only
Call us to provide credit card information

The above information is offered for your consideration as a basis for the extension of credit to us. It is understood that payment will be rendered in full in accordance with the terms noted on your invoice. Past Due items may be subjected to Finance Charges. We hereby authorize you to contact our Trade and Bank References for the normal credit information, as may be required by our firm.

Date: _____ Signature: _____ Title: _____

Please mail (or fax) this form along with a completed tax exemption certificate and your most current financial statement to the address on the top front of this form.

All requested data must be supplied before consideration can be given to establishing credit. The information given will be used only for the purpose of establishing an account in your firm's name and will be treated in strict confidence. Completion of this application does not automatically establish credit. Your application will be reviewed and a determination made as quickly as possible. Please allow 4 to 6 weeks for the processing of this application.

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