

APPLICATION FOR CREDIT

BILLING ADDRESS

SHIPPING ADDRESS

NAME OF FIRM OR INDIVIDUAL _____
ADDRESS (STREET) _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NO. () _____

NAME OF FIRM OR INDIVIDUAL _____
ADDRESS (STREET) _____ **UPS DOES NOT SHIP TO A P.O. BOX**
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NO. () _____

OWNERS OR OFFICERS

NAME _____
SOCIAL SECURITY NUMBER _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TITLE _____
TELEPHONE NO. () _____

NAME _____
SOCIAL SECURITY NUMBER _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TITLE _____
TELEPHONE NO. () _____

OTHER PERSONS AUTHORIZED TO PLACE ORDERS

NAME _____
NAME _____

TITLE _____
TITLE _____

INDIVIDUAL RESPONSIBLE FOR ACCOUNTS PAYABLE _____
A/P PHONE NUMBER & E-MAIL ADDRESS _____

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 _____ IF SO, GIVE DETAILS: _____ .

6. D&B RATED? YES _____ NO _____ .
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 _____
(DO NOT LIST R.D. OR P.O. BOX #)
CITY _____ STATE _____ ZIP _____
TELEPHONE () _____
SAVINGS ACCOUNT NO. _____
CHECKING ACCOUNT NO. _____
BANK OFFICER HANDLING YOUR ACCOUNT _____

NAME OF BANK _____
STREET _____
(DO NOT LIST R.D. OR P.O. BOX #)
CITY _____ STATE _____ ZIP _____
TELEPHONE () _____
SAVINGS ACCOUNT NO. _____
CHECKING ACCOUNT NO. _____
BANK OFFICER HANDLING YOUR ACCOUNT _____

SUPPLIER REFERENCES

PLEASE SUPPLY NAMES OF FOUR FIRMS WHERE CREDIT TERMS HAVE BEEN USED REGULARLY IN THE PAST 18 MONTHS.

NAME OF SUPPLIER _____
STREET _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. () _____
FAX NO. () _____
CONTACT _____
TAX EXEMPTION NO. _____
NAME OF SUPPLIER _____
STREET _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. () _____
FAX NO. () _____
CONTACT _____
TAX EXEMPTION NO. _____

NAME OF SUPPLIER _____
STREET _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. () _____
FAX NO. () _____
CONTACT _____
TAX EXEMPTION NO. _____
NAME OF SUPPLIER _____
STREET _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. () _____
FAX NO. () _____
CONTACT _____
TAX EXEMPTION NO. _____

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 our address on the front page. All orders accepted at Fremont Die Consumer Products are subject to final approval by the Credit Department. Fremont Die Consumer Products requires that all accounts be current before an order can be processed. **Please allow 4 to 6 weeks for the processing of this application.***