

CONFIDENTIAL CREDIT APPLICATION

We appreciate the opportunity of serving you. In opening an account for extension of commercial credit or increasing your current line of credit we are outlining, on the attached pages, the kind of information we ask you to supply in order that we may consider your request.

Yours very truly,

**Gary D. Heien, Jr.
President**

GDH/las

Our fax # 314 772-1919

DATE: _____

CREDIT APPLICATION

The following information is submitted for your consideration as a basis for opening or increasing our account for extension of commercial credit. Our purchases will be made solely for use in the below named business and not for personal, family, or household purchases.

NAME OF BUSINESS: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ FAX: (____) _____

YEARS IN BUSINESS: _____

TYPE OF BUSINESS: CORPORATION ___ PARTNERSHIP ___ INDIVIDUAL OWNERSHIP ___

NAME(S) OF OWNER(S) OR OFFICERS OWNER OFFICER

PRESIDENT _____

VICE-PRESIDENT _____

SECRETARY _____

TREASURER _____

AMOUNT OF CREDIT REQUESTED: _____

BANK NAME: _____ PHONE: _____

ADDRESS: _____

NAME OF BANK OFFICER HANDLING YOUR ACCOUNT: _____

BUSINESS REFERENCES

(Please complete name, address, phone and account numbers)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

In the event our account is not paid according to the terms set forth in the invoice or statement, we agree to pay a **SERVICE CHARGE OR FINANCE CHARGE** of 1-1/2% per month on the unpaid balance during the term of delinquency. If the account becomes more than 30 days delinquent and is placed in the hands of a collector for collection, we agree to pay reasonable collection charges; and if placed in the hands of an attorney for collection or suit, we agree to pay reasonable attorney fees.

The party or parties signing this application certify that the name of the firm as stated above is correct, that the firm is not insolvent, and that if the firm is a corporation, it is in good standing.

If corporation, two officers must sign, stating their positions.

If partnership, a minimum of two partners must sign.

If sole proprietorship, owner must sign.

SIGNATURE _____
