

PLEASE PROVIDE FAX NUMBERS FOR REFERENCES

<p>Issued to: IP3UXI)0 URZQXOOH7;</p> <p>Attn: Credit Department</p>	<p>From: _____ Date _____</p> <p>Business Name _____</p> <p>Street Address _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____</p>
<p>Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation</p> <p>Number of years in business _____</p> <p>Federal I.D. Number _____</p> <p>State of Incorporation _____</p> <p>Date of Incorporation _____</p>	<p>Owners, Partners, Officers and Title:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>
<p>Bank Reference (minimum one required):</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p> <p>Account Number _____</p> <p>Type Account _____</p> <p>Contact _____</p>	<p>Bank Refinance:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p> <p>Account Number _____</p> <p>Type Account _____</p> <p>Contact _____</p>
<p>Trade Reference:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p>	<p>Trade Reference:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p>
<p>Trade Reference:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p>	<p>The information listed above is accurate and is provided for the purpose of establishing a credit line. We authorize firms to release credit information.</p> <p>COMPLETED BY _____</p> <p>TITLE _____</p> <p>DATE _____</p>