



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

| | | |
|-----------------------------------|-----------------------------|--------------|
| Company Name: | | |
| Date Business Established: | Owner/Officer Name & Title: | |
| Company address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | Email: |
| Shipping address: | | |
| City: | State: | ZIP Code: |
| Sole proprietorship Partnership | Corporation Other LLC | (Circle one) |
| Credit Line Requested: | Buyer: | Email: |
| AP Contact: | AP Email: | |

BUSINESS/TRADE REFERENCES

| Company Name | Contact Person | Contact Phone/Fax | Contact Email |
|--------------|----------------|-------------------|---------------|
| | | | |
| | | | |
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BUSINESS AND CREDIT INFORMATION

| | | | |
|------------------------------|--|---------------------------|--------------------|
| City, State, ZIP Code: | | Bank name: | |
| How long at current address: | | Primary business address: | |
| Phone: | | Phone: | |
| Fax: | | Type of Account: (circle) | Savings Checking |
| Email: | | Contact Person: | |

AGREEMENT

1. All invoices are to be paid 30 days from the date of invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorized McFeely's to make inquiries into the banking and business/trade references that you have provided.

OTHER ASSETS OR SOURCES OF INCOME

I authorize McFeely's to verify the information provided on this form.

Name and Title:

| | |
|---|------|
| Signature of applicant | Date |
| Signature of co-applicant, if for joint account | Date |