

APPLICATION FOR CREDIT

				DATE:	
ISSUED TO:		NAME OF FIRM:			
<i>PLEASE ANSWER ALL QUESTIONS WHEN NO FIGURES ARE INSERTED, WRITE WORD "NONE"</i>					
FIRM NAME:			TRADE STYLE:		
STREET ADDRESS:				PHONE:	
CITY:			STATE:		ZIP:
<i>FULL NAME OF OWNER OR OWNERS (OR AN AUTHORIZED OFFICER OF CORPORATION) LIST HOME ADDRESS AND ZIP CODE FOR PARTNERSHIP OR INDIVIDUAL</i>					
PLEASE CHECK ONE:	INDIVIDUAL	PARTNERSHIP	CORPORATION	FED. TAX NO. (FOR CORP)	
TYPE OF BUSINESS:				DATE STARTED:	
ESTIMATED ANNUAL SALES:					
FORMER BUSINESS:			LOCATION:		
TRADE REFERENCES					
1. NAME:			ADDRESS:		
PHONE:			PERSON TO CONTACT:		
2. NAME:			ADDRESS:		
PHONE:			PERSON TO CONTACT:		
3. NAME:			ADDRESS:		
PHONE:			PERSON TO CONTACT:		
NAME OF BANK:			PHONE:		
STREET ADDRESS:			PERSON TO CONTACT:		
CITY:			STATE:		ZIP:

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: **NET 30 DAYS**. IF HOWARD PRESS TAKES LEGAL ACTION TO RECOVER AMOUNTS DUE AND OWING, APPLICANT AGREES TO REIMBURSE HOWARD PRESS FOR ALL LEGAL FEES AND COSTS ASSOCIATED WITH ANY SUCH SUCCESSFUL ACTION BROUGHT.

FIRM NAME:	
BY:	TITLE:
BY:	TITLE: