

APPLICATION FOR CREDIT

PO Box 100, ASHLEY, IN 46705 · 260-587-3115 · Fax:260-587-3237

| Company Name: | | Federal I.D. # | | |
|---|--|--|---|--|
| Address: | | Phone #: | | |
| City, State & Zip: | | Fax #: | | |
| Form of Business: Proprietor (|) Partnership () Corporation () Nur | mber of years in business: | | |
| Tax Status: Taxable () Exem | pt () Please attach an exemption certifica | ate. | | |
| Name, Address, & Social Security Numb | per of Owners or Officers: | | | |
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| The Chall that he have a dis | | | | |
| | orized to charge: | | | |
| | | | | |
| |) | | | |
| BANK REFERENCE | | C. A. A. | | |
| | | | | |
| CREDIT REFERENCES | | Pnone #: | | |
| NAME | ADDRESS | PHONE # | FAX# | |
| 1.) | | | | |
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| Applicant authorizes Advantage Con | is for the sole purpose of obtaining credit. Applicancrete to investigate Applicant's credit history an persons. Applicant accepts and agrees to the term | d furnish information on Applican | t's payment performance to credit | |
| assessed to your account if it is not princluding attorney fees. Payments re | Purchases made on all products and services are opaid by the end of the month in which it is due, we eceived late will be applied to the service charge \$5.00. Minimum monthly charge on account is \$2.00. | hich is 18% annually and also is pamount first any remaining funds | ayable with cost of collections | |
| I, the undersigned, do hereby agree the terms of this letter. I acknowled Concrete. | to unconditionally guarantee payment of obligation ge that my signature below authorizes the above- | ons ofnamed financial institution to furn | arising under ish credit information to Advantage | |
| Date: | Signature: | | | |
| | Printed Name: | | | |