## APPLICATION FOR CREDIT CONFIDENTIAL

(Please Print Only)

| Company Name:                    | Type of Business:         |
|----------------------------------|---------------------------|
| Address:                         |                           |
|                                  | ate: Zip Code:            |
| Whom do we contact for payments? |                           |
| Telephone:                       |                           |
| In business since:               | PST License No.:          |
| TRADE C                          | REDIT REFERENCES Address: |
|                                  |                           |
| FAX:                             |                           |
| 2. Name:                         | Address:                  |
|                                  | Telephone:                |
| FAX:                             |                           |
| 3. Name:                         |                           |
|                                  |                           |
| FAX:                             |                           |
| Name:                            | Address:                  |
|                                  | Acct #:                   |
| Date: Signature:                 |                           |
| ·                                |                           |
|                                  |                           |
| FOR OF                           | FICE USE ONLY             |
| Comments:                        |                           |
|                                  |                           |
|                                  | Approved by:              |
| Date:                            |                           |

5204 Indianapolis Blvd, East Chicago, IN 46312 Tel: (800) 867-2852 Fax: (514) 342-6261

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