

CREDIT APPLICATION

FULL LEGAL NAME _____ FED ID NO. _____

BILL TO: _____

SHIP TO: _____

TELEPHONE _____ FAX _____

OWNER OR SENIOR OFFICER _____ A/P CONTACT _____

PURCHASING CONTACT _____ ARE P.O.'S REQUIRED? _____

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ TAX-EXEMPT _____

*** IF YOU ARE TAX-EXEMPT, YOU MUST INCLUDE A CERTIFICATE OF EXEMPTION.

BANK REFERENCES

NAME OF BANK _____ TELEPHONE _____

ADDRESS _____ FAX _____

CITY, ST, ZIP _____ CHECKING ACCT. NO. _____

NAME OF BANK OFFICER _____ OTHER ACCT. NO. _____

TRADE REFERENCES

NAME _____ TELEPHONE _____

ADDRESS _____ FAX _____

CITY, ST, ZIP _____ ACCOUNT # _____

CONTACT PERSON _____ YEARS DOING BUSINESS WITH YOU _____

NAME _____ TELEPHONE _____

ADDRESS _____ FAX _____

CITY, ST, ZIP _____ ACCOUNT # _____

CONTACT PERSON _____ YEARS DOING BUSINESS WITH YOU _____

NAME _____ TELEPHONE _____

ADDRESS _____ FAX _____

CITY, ST, ZIP _____ ACCOUNT # _____

CONTACT PERSON _____ YEARS DOING BUSINESS WITH YOU _____

TO BE SIGNED BY OWNER OR OFFICER ONLY:

I HEREBY AUTHORIZE DIVERSIFIED PRODUCTS TO INVESTIGATE THE INFORMATION ABOVE PERTAINING TO OUR APPLICATION FOR CREDIT. I PERSONALLY GUARANTEE ALL DEBTS INCURRED BY THE ESTABLISHMENT LISTED ON THIS APPLICATION FORM AND ACCEPT FULL RESPONSIBILITY FOR ALL DEBTS. I FURTHER AGREE TO KEEP WITHIN DIVERSIFIED PRODUCTS TERMS IF GRANTED AN OPEN ACCOUNT. SHOULD MY ACCOUNT BECOME DELINQUENT, I AGREE TO PAY ANY COLLECTION AND/OR ATTORNEY FEES TO COLLECT SUCH DELINQUENT AMOUNTS AS DUE ON MY ACCOUNT. A LATE CHARGE OF 1.5% WILL BE ADDED TO INVOICES PAST 30 DAYS.

Signed _____ Title _____

Name (Printed) _____ Date _____