

FOR CRT USE ONLY

Credit Approved Disapproved
Date _____ Credit Limit _____
Sales Representative _____



CUSTOM PRODUCTS INC

APPLICATION FOR CREDIT

Firm Name _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Home Address _____ City _____ State _____ Zip _____

If invoices are to be mailed to another address please indicate _____

Please state terms and amount of credit line being requested _____

Type of Business Corporation Partnership Individual How long in business? _____

If a Corporation or Partnership, State Principals:

Name _____ Title _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Title _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

CURRENT BANK REFERENCE

Name of Bank _____ Phone _____

Address _____ City _____ State _____ Zip _____

Account Numbers: Checking _____ Savings _____

3 TRADE REFERENCES OF ASSOCIATED BUSINESSES

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

AGREEMENT

I, (We) understand that your terms are net 30 days and agree to make payment accordingly.
I, (We) understand that 1 1/2% interest will be charged on any balance not paid within the terms of this agreement.
I, (We) understand that the law gives you an artisan's lien on all equipment in your possession until our account is finally paid.
I, (We) understand that we are responsible for all reasonable attorney fees incurred should legal action be required.

Signed _____ Date _____ Title _____
(Owner or Officer)

All applications require a Guarantor.

In consideration of your extending credit to the above named applicant, I (We) hereby jointly and severally guarantee payment of all invoices that may be incurred by said applicant until such time as you receive notice of cancellation of this guarantee by registered or certified mail, return receipt requested.

I (We) hereby consent to and waive notice of any extensions of time of payments, by acceptance of notes or otherwise. I (We) understand that this guarantee is one of payment not of collection.

Guarantor _____ Date _____ Phone _____

Address _____ City _____ State _____ Zip _____

Guarantor _____ Date _____ Phone _____

Address _____ City _____ State _____ Zip _____

Witness _____

RELEASE

I authorize you to release information in regards to my account to CRT, Custom Products, Inc. for the purpose of obtaining credit with their company.

Company/Individual Name _____

Address _____ City _____ State _____ Zip _____

Signed _____