



Customer Application for Credit

Note: Information contained in this document may be used to obtain a credit report from a consumer reporting agency.

| | |
|--------------------------|---------|
| Company / Corporation: | |
| DBA and/or Trade Name: | D & B#: |
| Parent Company (If any): | |

| | | | | | |
|-----------------|--|--------|--|-----------|--|
| Street Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Country: | | Tele: | | Fax: | |

List Principles and/or Business Owners:

| | | | |
|-------|--|--------|--|
| Name: | | Title: | |
| Name: | | Title: | |

List "KEY" Business Contacts:

| | | | |
|---------------------------------|--|--------|--|
| Name of Person Completing Form: | | Title: | |
| Purchasing Name: | | Title: | |
| Accounting Name: | | Title: | |
| Finance Name: | | Title: | |

| | | | |
|---------------------|--|----------------------|--|
| Incorporation Date: | | Incorporation State: | |
|---------------------|--|----------------------|--|

Type of Business: Corporation Partnership Sole Prop. LLC Other

Type of Company: Distributor Manufacturer Retail Exporter
 Importer Other

| | |
|------------------------------------|--|
| Credit Line being Requested (USD): | |
| Monthly Volume Anticipated: | |

Financial References:

| | | | | | |
|--------------------------|--|--------|--|-----------|--|
| Bank Name: | | | | | |
| Street Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Country: | | Tele: | | Fax: | |
| Checking Account Number: | | | | | |
| Line of Credit (USD): | | | | | |

The information contained in this document will remain completely confidential.



Trade References:

Please list references with which you have a line of credit greater than or equal to, that for which you are requesting.

| | | | | | |
|-----------------|--|--------|--|----------|--|
| Company Name: | | | | | |
| Street Address: | | | | | |
| City: | | State: | | Zip Code | |
| Contact: | | Tele: | | Fax: | |

| | | | | | |
|-----------------|--|--------|--|----------|--|
| Company Name: | | | | | |
| Street Address: | | | | | |
| City: | | State: | | Zip Code | |
| Contact: | | Tele: | | Fax: | |

| | | | | | |
|-----------------|--|--------|--|----------|--|
| Company Name: | | | | | |
| Street Address: | | | | | |
| City: | | State: | | Zip Code | |
| Contact: | | Tele: | | Fax: | |

| | | | | | |
|-----------------|--|--------|--|----------|--|
| Company Name: | | | | | |
| Street Address: | | | | | |
| City: | | State: | | Zip Code | |
| Contact: | | Tele: | | Fax: | |

I, the undersigned, hereby certify that all statements made on this application are true and correct. I agree to the following terms:

- 1) To pay the service charge for late payment, computed at a monthly rate of 1.5%.
- 2) If this account is placed for collection, I agree to pay all collection cost, and all reasonable attorney's fees. Any suit for the balance due may be brought in any court in the State of Rhode Island.
- 3) The undersigned authorizes any credit investigation needed for action on the credit application and hereby indemnify the above company from any liability resulting from their credit survey. It is also acknowledged and agreed to that accounts receivable information may be reported by the company to various consumer and commercial credit agencies.
- 4) CHANGE of OWNERSHIP. I/we understand that we must notify First Card Company., in writing and by certified mail, of any changes in ownership, the name of the business or structure of the business under which credit was established.

EXECUTED AS A SEALED INSTRUMENT

Signed: _____ / _____ Date: _____ / _____
 Name: _____ / _____ Title: _____ / _____

SIGNATURE MUST BE THAT OF AN AUTHORIZED INDIVIDUAL or CORPORATE OFFICER.

If property is owned in joint names, all signatures are required.

The information contained in this document will remain completely confidential.