

FLEX-GUARD PRODUCTS, INC. CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
Are you a distributor? Y/N	Estimated Monthly Volume/sq.ft.	Monthly Credit Limit Request.\$	
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice, 15 days late will cause hold on account.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Flex-Guard Products, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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