



BUSINESS INFORMATION	DESCRIPTION OF BUSINESS
Name of Business: _____	Type of Business: _____
Address: _____	In Business Since: _____
City/State/Zip _____	Business Structure
Phone: _____ Fax: _____	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
_____	EIN: _____ Resale No.: _____
_____	_____

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS	
Name: _____	Name: _____
Title: _____	Title: _____
_____	_____
Name: _____	Name: _____
Title: _____	Title: _____
_____	_____

BANK REFERENCES	
Name of Bank: _____	Contact: _____
Address: _____	Phone: _____
City/State/Zip: _____	Account: _____
_____	_____

TRADE REFERENCES	
Name: _____	Contact: _____
Address: _____	Phone: _____
City/State/Zip _____	Fax: _____
_____	_____
Name: _____	Contact: _____
Address: _____	Phone: _____
City/State/Zip _____	Fax: _____
_____	_____
Name: _____	Contact: _____
Address: _____	Phone: _____
City/State/Zip _____	Fax: _____
_____	_____

**COMPANY FINANCIAL STATEMENTS**

Please provide balance sheet and profit and loss statement for the past three years.

**CONFIRMATION OF ACCURACY & AUTHORIZATION TO RELEASE INFORMATION**

I/We hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Actall Corporation in determining the conditions of credit to be extended. By signing below, I/We certify that I have also read the Actall Corporation Payment Terms and Conditions.

_____	_____	_____
Signature	Title	Date

**POLICY STATEMENT:** Initial order from new accounts will not be processed unless above information has been received.  
**TERMS:** Net 30 days from date of invoice unless otherwise stated.  
 Past due balances will be subject to interest at 2% monthly.