

CONFIDENTIAL CREDIT APPLICATION

CORPORATE NAME _____

DATE STARTED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS IS A () CORPORATION () PARTNERSHIP () INDIVIDUAL

PRINCIPAL OWNER/OFFICER _____

NAME OF BANK _____

ACCOUNT # _____

LOCAL TRADE REFERENCES

NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THE UNDERSIGNED GUARANTEES SPEAR CORPORATION, THE PAYMENT OF ALL INVOICES DUE WITHIN THE TERMS AND CONDITIONS OF THE SALE.

ACCOUNTS PAYABLE CONTACT _____

PHONE NUMBER _____