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Application for Credit

To avoid any delay in processing, PLEASE COMPLETE IN FULL. All information to be held in confidence.

Company Name, Telephone, Subsidiary or Division of, Fax Number, Billing Address, Type of Business, Shipping Address, Date Business Opened, Accounts Payable Contact, Telephone, Operating as (Check One) Individual Partnership Corporation, Names

Bank Reference

Bank Name, Complete Address, Account Number(s), Contact(s), Telephone, Fax Number

Credit References

Please list a minimum of three companies with which you have credit terms. Please Do Not list C.O.D. accounts.

Name, Address, City, State, Telephone, Fax Number, Account Number (repeated three times)

Please accept the signature below as authorization for the above named references to release credit information about our company to Melvin S. Roos, Co., Inc. We certify that all information on this form is correct. We fully understand that if credit is extended, the terms will be Net 30 Days From Invoice Date. We agree to proper payment in consideration of this extended credit.

Signed, Print Name, Title, Date