

Jerry Horn

From: Pro-Cut Abrasives [procutabrasives@sbcglobal.net]
Sent: Monday, October 31, 2005 6:24 AM
To: jerri@abrasivesasap.com
Subject: [SPAM] Credit App.doc

Abrasive Sanding And Polishing

CREDIT APPLICATION

Company Name: _____ Telephone _____ Tax ID
 # _____
 Address (Street, city, state & zip)

 Mailing
 Address: _____
 Doing Business as: _____ Type of Business: _____

 Names of Owner, Partners or Officers:

 Is your Business: A. Individually owned: ___ or B. Partnership: ___ or C. Corporation: ___
 Date Business Established: _____
 How long has present owner operated this business? _____
 Name & address of branches or parent
 co.: _____
 Bank: _____ Phone: _____ Account #: _____

LIST BELOW THE NAMES OF THE PRINCIPAL FIRMS WITH WHOM YOU HAVE CREDIT

FIRM NAME	STREET ADDRESS	CITY/STATE	PHONE/FAX
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Can you anticipate your monthly volume with us? \$ _____

I (We) understand that the information furnished you on this page is for the purpose of obtaining credit at A.S.A.P. Company.

All GOODS & SERVICES must be paid in full within 30 days from the invoice date shown on statements without additional charge. If said Goods & Services are not paid within terms (2% 10 Net 30) Buyer shall pay on the unpaid balance a FINANCE

CHARGE computed at a Rate of 1 1/2 % per month or an ANNUAL PERCENTAGE RATE of 18%.

If Buyer fails to pay for purchases under this AGREEMENT when due, Buyer shall pay all attorney fees, court costs and disbursements necessary to collect account.

I hereby authorize the person to whom this application is made, or any credit bureau employed by such person to investigate any references herein listed or data obtained from me or from any other person pertaining to my credit and financial responsibility.

Signature: _____

Print Name: _____
Title

Date: _____