

Credit Application

| Business Name | Address | | |
|---|---|--|---|
| City, State &Zip | | Phone | Fax |
| E-mail Address | | (circle one) Corporat | ion Partnership Individual |
| If Subsidiary. Name & Address of Parent Comp | any | | |
| Tax Exempt? (circle one) | Yes | No | If yes, attach copy of tax exempt certificate |
| Credit Line Requested | Anticipated Monthly volume | 2 | DUNS Number |
| Will you be exporting our products out of the U If Yes, Where? | nited States? (circle one) | Yes | No |
| | Banks | | |
| 1) Name | Address | | |
| City, State & Zip | Account no. | Phone | Fax |
| 2) Name | Address | | |
| City, State & Zip | Account no. | Phone | Fax |
| | Credit References | | |
| 1) Name | Address | | |
| City. State & Zip | Account no. | Phone | Fax |
| 2) Name | Address | | |
| City, State & Zip | Account no. | Phone | Fax |
| 3) Name | Address | | |
| City, State & Zip | Account no. | Phone | Fax |
| | Please Furnish Financial S | tatements | |
| The undersigned grants permission to Ray-Pac to obta purchases will be paid for in accordance with quoted to becomes necessary to institute legal action to collect for | n credit information from any sourcerms of sale. Late payments may be | e in order to establish a line of subject to interest charges at the | e legal rate. In the event that it |
| Signature conveys authorization to bank(s) listed above to release information to Ray-Pac. | BySignature Title | Date | |
| | 11110 | | |