

Credit Application

Company	President or Owner
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Address	Company Established in
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City	State	Zip
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Phone	Fax
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Contact Name	Title
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What is your primary business activity? *select one only	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retailer/Distributor <i>Federal Tax ID#</i>
	<input type="checkbox"/> Architecture, Engineering	<input type="checkbox"/> Education: University / Trade	_____
	<input type="checkbox"/> Communications, Graphic Arts, Advertising, Public Relations, Promotion	<input type="checkbox"/> Finance: Banking, Accounting	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Government	<input type="checkbox"/> Systems/Network Integrator	_____

Bank Name	Checking Account Number
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Address

Contact Name

Who are some of your trade references?
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Firm Name	Phone
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Contact Name

Firm Name	Phone
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Contact Name

Firm Name	Phone
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Contact Name

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Baudville Inc. in determining the amount and conditions of credit to be extended. I understand that Baudville Inc. may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Baudville Inc. in establishing a line of credit.

Signature	Title	Date
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