



SMITH ENTERPRISES INC
 931 DILLON DRIVE
 WOOD DALE IL 60191
 PH: 630 595 0202
 FAX: 630 595 1414

CREDIT APPLICATION

Date: _____

BUSINESS INFORMATION

| | | | |
|---------------|-----|------------------|-----|
| Business Name | | Phone | |
| A.K.A. | | FAX | |
| Address | | Shipping Address | |
| City | | City | |
| State | Zip | State | Zip |

RESALE TAX #: _____ TERMS: 1%-10 Net 30
 DATE ESTABLISHED: _____ NUMBER OF EMPLOYEES: _____

OWNERSHIP: SOLE OWNER PARTNERSHIP CORPORATION

PRINCIPAL (Name & Title): _____
 PRINCIPAL (Name & Title): _____
 ACCOUNT CONTACT: _____

REFERENCES

| FIRM NAME | BUSINESS ADDRESS | PHONE |
|-----------|------------------|-------|
| | | |
| | | |
| | | |

BANK REFERENCE

NAME: _____ TYPE OF ACCOUNT: _____
 ADDRESS: _____ ACCOUNT NUMBER: _____
 PRINCIPAL (Name & Title): _____ PHONE: _____

Applicant agrees to "Terms and Conditions of Sale" and to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. Smith Enterprises Inc. is authorized to investigate the credit references listed above.

 Name

 Title