

Application To Obtain Credit

| | |
|------------------------|-------------------------|
| Company Name | Trade Name |
| Billing Address | Shipping Address |
| City/State/Zip | City/State/Zip |
| Contact | Contact |
| Telephone # | Fax Number |

| | |
|-------------------------|---------------------------------|
| Date Established | # of Employees |
| Type of Business | Building Lease Holder |
| Years @ Location | Credit Line Requested \$ |

Names of Owners and/or Partners

| | |
|---------------------|---------------------|
| Name / Title | Name / Title |
| Address | Address |
| S.S. # | S.S. # |
| Name / Title | Name / Title |
| Address | Address |
| S.S. # | S.S. # |

Current Trade References (Open Accounts Only)

| Company Name | Account Number | Contact Name | Address | Phone Number | Fax Number |
|--------------|----------------|--------------|---------|--------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |

Bank Information

| | |
|-------------------------|-----------------------|
| Bank Name | Account Number |
| Address / Branch | Phone Number |
| Contact Name | Fax Number |

Applicant's signature certifies that the above information is correct. As part of the application for credit, I the undersigned, grant permission for AG Distributors, or any agent acting for AG Distributors to contact Consumer and Commercial Credit Reporting Agencies in addition to all trade and bank references listed above, together with any other references which may be provided by the listed references. Applicant understands that if granted credit terms, failure to pay within the established terms will result in penalty, including but not limited to late fees and interest. Furthermore, it is understood and agreed that any expense incurred as a result of any attempt to collect money owed will be the responsibility of the applicant to reimburse AG Distributors.

Signed: (Applicant) _____ Title: _____ Date: _____