

APPLICATION FOR CREDIT WITH UNASCO

NAME OF FIRM OR INDIVIDUAL _____ YEARS AT THIS ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE(____) _____

The following information must be provided. It will be held in the strictest confidence.

Corporation Check here if incorporated within the past 12 months Partnership Individual

OWNERSHIP.

NAMES OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

BANK _____ BANK ADDRESS _____

FINANCE:

BANK OFFICER OR DEPARTMENT _____ PHONE _____

REFERENCES:

BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date _____ 20 _____ (Title) _____

REFERENCES CHECKED BY

CREDIT APPROVED, BY

VERIFICATION: REFERENCE RESULTS

CREDIT REFUSED, BY

DATE