



Credit Application

Company Name _____
 Billing Address _____
 City, State, Zip _____
 Shipping Address (if different from above)

Type of Business _____
 () Corporation () Partnership () Proprietorship

Principal Officers / Owners:

Name / Title _____

Phone _____
 Fax* _____
 Accounts Payable Contact _____
 Phone/Fax (if different from above)
 Phone _____ Fax* _____
 Tax Exempt? () Yes () No
 Tax Exempt # _____
 Tax I.D. # _____

BUSINESS CREDIT REFERENCES

(We will accept your company's reference list with fax numbers provided. We do require that the top portion of our credit application be completed, with a signature for our file. Also, please provide a blanket certificate of tax exemption with all sections completed.)

Company _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____

Company _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____

Company _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____

Bank _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 Contact _____
 Account # _____

The above information is provided for the purpose of obtaining business credit and is warranted to be true. I authorize my listed bank and suppliers to provide business references, and I understand that this application may be mailed or faxed to them as my authorization. Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with our net 30-day terms. I hereby certify that I am authorized to represent the entity above.

*By providing fax numbers of the above named company, I am authorized to and hereby consent for the company to receive faxes sent by or on behalf of Chandler Systems, Inc..

Signature _____ Title _____ Date _____