

Credit Application

| Name/Address | | | |
|---|--|-----|--|
| Name of Company Principal Responsible for Busine | ss Transactions | | |
| Title | | | |
| Company Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | | |
| Tax ID Number | | | |
| Company Info | | | |
| Type of Business | In Business Since | | |
| Legal Business Type | egal Business Type State of Business Formation | | |
| ☐ Corporation ☐ Partnership ☐ Sole Proprietorship | | | |
| If Division/Subsidiary: Name of Parent Company | | | |
| Bank References | | | |
| Institution Name | Institution Name | | |
| Branch Address | Branch Address | | |
| Contact Person | Contact Person | | |
| Phone | Phone | | |

| Trade References | | |
|--------------------------------------|---|----------------------|
| Company Name | Company Name | Company Name |
| Contact Name | Contact Name | Contact Name |
| Address | Address | Address |
| Phone | Phone | Phone |
| Account Opened Since | Account Opened Since | Account Opened Since |
| Credit Limit | Credit Limit | Credit Limit |
| Current Balance | Current Balance | Current Balance |
| Financial Information | | |
| Amount of credit requested | | |
| Have you or your officers or affilia | ates ever filed a petition in bankrup | tcy? |
| Is your company subject to any lit | igation? If yes, describe | |
| | rue, correct and complete and is given orize Delta Painting and Prefinishing to | |

We declare the above information is true, correct and complete and is given to induce Delta Painting and Prefinishing to extend credit. We authorize Delta Painting and Prefinishing to make such credit investigation as they see fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to Delta Painting and Prefinishing any and all information concerning the financial and credit history of the above-named company.

| I have read the terms and conditions stated below and agree to all terms and conditions. | | |
|--|--|--|
| Company Name | | |
| Authorized Signature | | |

Title _____

Printed Name