



P.O. BOX 568 • LOGANSPOUT, INDIANA 46947-0568 • (574) 753-3151 • FAX (574) 753-2525

CREDIT APPLICATION

NAME OF BUSINESS: _____ **YRS. IN BUSINESS:** _____

BUSINESS ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE: _____ **FAX:** _____

NATURE OF BUSINESS: _____

NAME OF PRESIDENT _____

YOUR COMPANY'S BANK: _____ **PHONE:** _____

ADDRESS: _____

PLEASE LIST FOUR SUPPLIERS THAT YOUR COMPANY USES REGULARLY.

1. _____
NAME _____ **ADDRESS** _____
PHONE _____ **FAX** _____

2. _____
NAME _____ **ADDRESS** _____
PHONE _____ **FAX** _____

3. _____
NAME _____ **ADDRESS** _____
PHONE _____ **FAX** _____

4. _____
NAME _____ **ADDRESS** _____
PHONE _____ **FAX** _____

Terms of your payment will be 1/10/N30 days after date of invoice, unless otherwise agreed.

By the signature of the applicant (officer, principal, owner or partner), you hereby authorize Cole Hardwood, Inc. to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report.

Signed: Name, Title, Date