AVICORE DEFENSE

255 McCormick Drive
Lapeer, MI 48446

CREDIT APPLICATION

Company Name: _____

Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Owner(s): _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Facsimile: _____

Type of Business: _____ In Business Since: _____

Form of Business: [ ] Corporation [ ] Limited Liability Company [ ] Partnership [ ] Sole Proprietor

Is a Purchase Order required? _____ Name of individual with authorization: _____

To whose attention should invoices be sent (name and e-mail address)?

_____

Is your work taxable? _____ (If not, please attach signed certificate.)

Bank References (please list name and address of primary bank):

_____

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

_____

_____

_____

Terms and conditions will be dependent on underwriting. Accounts not paid timely may be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: _____ Title: _____

Signed by: _____ Date: _____

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CREDIT INQUIRY

The customer shown below has listed you as a trade reference. We would appreciate it if you would complete this inquiry and return it to us promptly. Please use the contact information listed below if you have any questions.

All information provided to us will be held in strict confidence and used for credit purposes only.

Customer's Name: _____

Trade Reference Name: _____

Prepared By: _____ Title: _____

Signed: _____ Date:_____

Date account opened:	
Current credit terms:	
Credit limit:	
Average credit balance:	
Highest credit balance:	
Average days to pay:	
Last sale date:	
Any other comments:	

Thank you for your prompt assistance.

Fax (810) 667-6767 / E-mail: carrik@lmpro.net