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## CREDIT APPLICATION Please Fill In Completely

<b>Customer</b>	Phone
Address	City/State/Zip
Job	Phone
Address	City/State/Zip

Individual  Partnership  Corporation  Other

Number of Years In Business \_\_\_\_\_ Listed in D & B? Yes  No

Name	Title
Principals: Name	Title
Name	Title

<b>Bank</b>	Contact
Address	City/State/Zip
Phone	Fax

### Credit References (at least three)

Name	Phone	Fax
Address	City/State/Zip	
Name	Phone	Fax
Address	City/State/Zip	
Name	Phone	Fax
Address	City/State/Zip	

If additional space is needed, use additional page

**Comments:** Should any credit availability be granted by Stein Industries, Inc. all decisions with respect to the Extension or continuation shall be in the sole discretion of Stein Industries, Inc. Stein Industries, Inc. may terminate any credit availability within its sole discretion.

Company \_\_\_\_\_

Submitted By	Title
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Dollar Amount of First Order	Date Entered	Contract Amount
Expected Annual Volume	Comment	Credit Limit
Salesperson/Territory	Approved	Date