



APPLICATION FOR CREDIT

Name of Business _____
Phone # _____ Fax # _____
Shipping Address _____
Billing Address _____
City _____ ST _____ Zip _____
E-Mail Address _____

TRADE REFERENCES

Name _____
Address _____
City _____ ST _____ Zip _____
Phone () _____
Fax () _____

Name _____
Address _____
City _____ ST _____ Zip _____
Phone () _____
Fax () _____

Name _____
Address _____
City _____ ST _____ Zip _____
Phone () _____
Fax () _____

Name _____
Address _____
City _____ ST _____ Zip _____
Phone () _____
Fax () _____

BANK REFERENCES

Bank Name _____ Officer _____
Address _____ Phone () _____
Is Purchase order required? _____ Is merchandise for resale? _____
Tax Exempt Certification Number _____

FINANCIAL RESPONSIBILITY AGREEMENT

I (We) _____ and _____
Do Hereby Agree To Be Personally Responsible For The Purchases Of
(Name of Company) _____
from Extreme Manufacturing LLC, Ocala, FL 34478
Signature/Owner _____ Date _____