



RUMETCO SALES, INC.
 610 WEST BEAR STREET
 SYRACUSE, NEW YORK 13204
 (315) 422-0237
 FAX: (315) 422-0206

APPLICATION FOR CREDIT

To avoid any delay in processing, complete in full.

BILL TO

COMPANY NAME _____ ATTENTION: _____
 ADDRESS _____ PHONE # () _____
 CITY _____ FAX # () _____
 STATE _____ ZIP CODE _____ COUNTY _____
 SHIPPING ADDRESS _____

GENERAL BUSINESS INFORMATION

TYPE OF BUSINESS _____ ARE YOU TAX EXEMPT?
 _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ YES ATTACH CERTIFICATE
 YEARS IN BUSINESS _____ YEAR OF INCORPORATION _____ NO PLEASE NOTE: IT IS
 FEDERAL I.D. / SS# _____ POLICY TO COLLECT SALES TAX IF
 HAVE YOU EVER FILED BANKRUPTCY? _____ DO YOU HAVE PENDING LIENS/JUDGEMENTS ? _____ AN EXEMPT CERTIFICATE IS NOT
 PO# REQUIRED _____ YES _____ NO
 ON FILE.

PRINCIPALS:

NAME: _____ TITLE _____ CREDIT AMT. REQUESTED
 ADDRESS: _____ \$ _____
 NAME: _____ TITLE _____ DO YOU WANT PRICING PRINTED ON
 ADDRESS: _____ THE PACKING LIST?
 NAME: _____ TITLE _____ YES NO
 ADDRESS: _____

BANK REFERENCES

BANK NAME _____ BANK CONTACT _____
 CITY _____ STATE _____ ZIP _____ PHONE# () _____
 CHECKING ACCOUNT NUMBER _____

BUSINESS CREDIT REFERENCES (List a minimum of three)

COMPANY NAME	ADDRESS	PHONE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

The information provided on this application for credit is warranted to be accurate, complete and true. Rumetco Sales, Inc. is authorized to contact all listed references and/or obtain credit history information from any other accredited credit organization. Any account balance that exceeds net terms or credit limit will be subject to credit hold. All damages and shortages MUST be reported within 48 hours or NO allowances will be made. Returns must be accompanied by the original invoice. A 25% restocking charge will apply to all returned items. Charges below \$5.00 will be billed at \$5.00.

*BOTH sides of this application must be completed in full before it may be considered for approval.

TERMS: Net 30 days after invoice date. Service Charge of 1 1/2 percent per month on all overdue balances (which balances will include any prior unpaid service charges). Overdue accounts may be referred to an attorney for collection and, if suit is commenced, customer agrees to pay attorney's fee equal to twenty percent (20%) of the balance of the account.

COMPANY: _____

SIGNATURE BY: _____

TITLE: _____ DATE: _____

INDIVIDUALS SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

DATE: _____

PAYMENT GUARANTY: For value received, and for other goods and valuable considerations, the receipt of which are hereby acknowledged, the undersigned guarantor(s) (jointly and severally, if more than one) agree(s) to pay otherwise (whether or not any credit limit has been requested or approved has been exceeded), if payment is not made by said customer when due. The liability of the undersigned shall not be affected by the taking of a note or any other change in the form of indebtedness, and the undersigned hereby waive(s) all notice of extension of credit, default, protest, and change in the form of indebtedness.

GUARANTOR'S SIGNATURE: _____

DATE: _____ PRINT NAME _____

ADDRESS: _____

SOCIAL SECURITY NO. _____

GUARANTOR'S SIGNATURE: _____

DATE: _____ PRINT NAME _____

ADDRESS: _____

SOCIAL SECURITY NO. _____