



Application for Credit

Applicant/Company Name: Other Trade Names: <input type="checkbox"/> Headquarters <input type="checkbox"/> Branch	
Mailing Address: <hr/> Contact Person: <hr/> Position: <hr/> Telephone: <hr/> Facsimile: <hr/> E-mail: <hr/>	Nature of Company <input type="checkbox"/> Years in Business: _____ <input type="checkbox"/> Public (Listed) Company <input type="checkbox"/> Subsidiary of: _____ <input type="checkbox"/> Large Private Company <input type="checkbox"/> Small Private Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader
Billing Address (if different from mailing address): If multiple locations, should all invoices go to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Information: Bank Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Account Manager: _____ Telephone: _____ Fax Number : _____ Account Number(s): _____ Loan Number(s): _____
Contact Person: <hr/> Position: <hr/> Telephone: <hr/> Facsimile: <hr/> E-mail: <hr/>	



Application for Credit

Rating by Duns and Bradstreet

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Rating _____	Duns # _____
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Account Information

Requirements	U.S. Dollars	Is Organization sales tax exempt?
Estimated Monthly Purchases		<input type="checkbox"/> No → Sales Tax Applies
Credit Limit Desired		<input type="checkbox"/> Yes → Quote Number (if yes, provide sales exempt certificate)

Organization Information

Are the Accounts of the company/organization audited?	<input type="checkbox"/> Yes, attach copy	<input type="checkbox"/> No, attach copy
Has the company/organization been in receivership or had an administrator appointed at any time in the last 5 years?	<input type="checkbox"/> Yes, attach details	<input type="checkbox"/> No
Do the directors of the company own greater than 50% of the issued shares of the company?	<input type="checkbox"/> Yes, attach details	<input type="checkbox"/> No
Has company been in business less than 10 years?	<input type="checkbox"/> Yes, year _____	<input type="checkbox"/> No

Officers or Owners of the Company

Name	Title	Telephone Number/Email address

Trade References (or attach listing)

Organization	Contact Name	Telephone Number/Email address

Applicant's signature below authorizes CSI Holdings, Inc, to inquire about, obtain or investigate any information listed above pertaining to applicant's creditworthiness and financial responsibility. Applicant attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. This application for credit has been carefully read by the undersigned and is to the best of my knowledge complete and accurate.

Authorized Signature: _____

Name: _____

Title: _____

Date: _____

Confidential & Restricted (when complete)