



We hereby apply for the extension of credit by your firm. This form is submitted as a basis for your consideration of our application.

FIRM NAME: _____

TYPE OF FIRM: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

ESTABLISHED IN: _____

TELEPHONE: _____

FAX: _____

Are you a:

Corporation

Partnership

Limited Partnership

Proprietorship

If incorporated, in which state? _____

S.I.C. (Standard Industrial Classification)

Code _____

Our Taxes have been cleared with the tax authorities through _____

We expect our monthly credit requirements to be approximately \$ _____

Principal owners and stockholders:

NAME

ADDRESS

TITLE

NAME	ADDRESS	TITLE

ACCOUNTS PAYABLE INFORMATION

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT FAX: _____

CONTACT E-MAIL: _____

BILLING INFORMATION

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

COUNTRY: _____

ATTENTION: _____

SHIPPING INFORMATION

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

COUNTRY: _____

ATTENTION: _____



We believe that our firm is financially able to meet any commitments we have made and we agree to pay your invoices according to your net 30 payment terms.

If you claim to be tax exempt, please furnish us with a copy of your tax exemption certificate: fax to (315)425-5893 to the Attention of: Credit Manager/Tax Exemption Certificate

Note: If you already have a Current Credit Reference Listing prepared or have other documentation you would like to submit related to our review of your credit, please email directly to: sollars@burnscascade.com or fax directly to: (315)425-5893 Attention: Credit Manager

Please list three (3) suppliers and a bank as credit references:

NAME	ADDRESS	PHONE & FAX

INDIVIDUAL PERSONAL GUARANTY

I, _____, residing at _____, for and in consideration of your extending credit at my request to _____, (hereinafter referred to as the "Company"), of which I am the _____ herby personally guaranty to pay the payment at BurnsCascade in the state of New York, of any obligation or the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

ATTORNEY'S FEES: We agree to pay reasonable attorneys' fees and Court costs incurred by BurnsCascade in the event that legal counsel is retained by BurnsCascade in order to enforce any legal rights associated with credit extended pursuant to this application.

FINANCE CHARGE: We agree to pay a finance charge equal to 1-1/2% per month (18% per year) for all sums due from the outstanding following the applicable due date for all credit extended to us by BurnsCascade pursuant to this credit application.

NAME/TITLE: _____
(An Officer, Authorized Representative or Individual Guarantor, please print)

SIGNATURE: _____

SOCIAL SECURITY #: _____

WITNESS: _____