Revision: 1

Effective Date: 120907



104 Morrow Branch Road Leicester, NC 28748, U.S.A. Phone: (828) 683-3523 Fax: (828) 683-3511

## vadit Annlication

1		Creait Application	l		
BILLING / SHIPPING	INFORMATION				
Official Company Na	ame:				
Billing Address:					
BUSINESS INFORMA		- 02 100 100 00 00 000			
Check One:	····o··				
([]) Corporation	([]) Partnership	([]) Proprietorship	([]) Subsidiary	( [] ) Other	
([]) Distributor	([]) Retailer	ler ([]) Other:		2	
Federal Identification Number: Years in Business:					
Type of Product You		30			
		Pudgee ([]) Lam	inar (II) Foam ir	n Place Seating (FIPS)	
PRINCIPAL / OWNE		(II) Earn	(11). 0	rr race coaking (r rr e)	
**					
		7:- 0 4-			
				Country:	
				mber:	
Email Address:					
ACCOUNTING INFOR	MATION				
Accounts Payable C	ontact:		Phone Num	nber:	
Fax Number:		Email Addre	ss:		
North Carolina State	Resale Number: _		UPS Accoun	nt Number:	
Requested Payment			그렇게 하면 사람이 먹었다면 그 그 그리고 있는 사람이 되었다면 하다를 했다.	OTHER []	
Please ADDITIONAL CONTA		ystems, Inc. with copie	s of all tax exempt c	<u>ertificates.</u>	
Purchasing:	Name:	Fmai	l:		
. aronavingi	Phone:	Fax:	.%;		
Accounting Dept:	Name:		l:		
	Phone:	Fax:			
Additional Contact:	Name:				
	Phone:	Fax:	lote s		
		i u			

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BILLING INFORMATION				
Official Company Name:			_	
Billing Address:				
Address:				
City:			_ Country:	
BANK REFERENCES				
Bank Name:		Date Account Opened:		
Address:				
City:	_ State:	_ Zip Code:	_ Country:	
Contact Name:	act Name: Phone Number:			
Fax Number:		_ Email Address:		
Checking Account Number: _		Type of Account:		
TRADE REFERENCES				
Trade Name:		Account Number:		
Address:			7	
City:	_ State:	_ Zip Code:	_ Country:	
Contact:		Phone Number:		
Fax Number:		_ Email:		
Trade Name:		Account Number		
		Account Number	-	
Address:				
Address:				
City:	_ State:	_ Zip Code: Phone Number:		
City:	_ State:	_ Zip Code: Phone Number:	_ Country:	
City:	_ State:	_ Zip Code: _ Phone Number: _ Email:	_ Country:	
City: Contact: Fax Number:	_ State:	_ Zip Code: _ Phone Number: _ Email: _ Account Number:	_ Country:	
City:  Contact:  Fax Number:  Trade Name:	_ State:	_ Zip Code: _ Phone Number: _ Email: _ Account Number:	_ Country:	
City: Contact:  Fax Number:  Trade Name:  Address:	_State:	_ Zip Code: Phone Number: Email: Account Number: Zip Code:	_ Country:	

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## CUSTOMER'S AUTHORIZATION TO BANK AND TRADE INFORMATION

Attention trade reference, please provide information on all accounts listed list above. At your earliest convenience if you are able to provide the requested information that will be greatly appreciated. Listed below is the appropriate contact number:

I / We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements as you deem necessary.

	Prepared By:	Title:		
	Print Name:	Date:		
Addi	tional Notes:			
	Fax completed forms to (828) 828-683-3511			
	Made attention to Customer Service			
	Customer Service Notes:			