

CREDIT APPLICATION

Company Full Legal Name

Complete Street Address

City, State, Zip

County (For sales tax purposes, if non-taxable attach cert.)

() Phone Number () Fax Number

Former Name/Address

Type of Business (ie; Manufacturing, Healthcare, etc.)

Federal ID Number (EIN) -

Yrs In Business Yrs Under Present Control
 Corp LLC Partnership Sole Proprietor
(Check one)

Does your company require P.O. #'s ? Yes No

Credit Terms are Net 15 Days on approved credit

Principal Officer: _____
Home Address: _____
City, ST, Zip, Ph#: _____
Title: _____

I authorize Indoff, Inc. to obtain account financial information from the Bank and Credit references listed on this application and understand that this information will be held in the strictest of confidence. I affirm that the information provided herein is true and correct and is provided for the purpose of obtaining credit. In the event of default payment, the applicant hereby agrees to pay all costs of collection, including a reasonable attorney's fee, and hereby consents and waives objection to personal jurisdiction of and venue in the Missouri State Courts situated in the County of St. Louis, Missouri and the United States District Court for the Eastern District of Missouri for all cases and controversies involving any and all disputes between applicant and Indoff.

Resale Account? Y N
Division Purchasing From:
 Material Handling
 Office Interiors
 Promotional Products

Account: _____
Partner _____
D & B: _____

Bank Reference:

Bank Name

Address, City, ST, Zip

() Phone Number () Fax Number

Account Number(s) Contact Name

Three Credit References:

(1) _____
Name

Address City, ST, Zip

() Phone Number () Fax Number

Account Number(s)

(2) _____
Name

Address City, ST, Zip

() Phone Number () Fax Number

Account Number(s)

(3) _____
Name

Address City, ST, Zip

() Phone Number () Fax Number

Account Number(s)

Signature and Title

Date

Return completed to Indoff at local office in CT at FAX 860-632-2028