

CREDIT AMOUNT REQUESTED: (Expected quarterly purchases) \$ _____

p Check here if purchases will be tax-exempt. Properly completed certificate of exemption must be submitted prior to making tax-exempt purchases.

I (we) certify that all the information on this form is correct. I (we) fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date: _____ (Title) _____

For SSD Office use only:

VERIFICATION:

References checked by _____	Credit Approved by _____
Reference results _____	Credit Refused by _____
Date _____	_____
Applicant notified by _____	_____

You may return credit application by fax to 888-363-2281, or mail to PO Box 847, Belleville, PA 17004