



BUSINESS INFORMATION	DESCRIPTION OF BUSINESS
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Name of Business:	Type of Business:
Address:	In Business Since:
City/State/Zip:	Business Structure:
Phone:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
Fax:	EIN: Resale No.:

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS
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Name:	Name:
Title:	Title:

BANK REFERENCES

Name of Bank:	Contact:
Address:	Phone:
City/State/Zip:	Account:

TRADE REFERENCES

Name:	Contact:
Address:	Phone:
City/State/Zip:	Email:
Name:	Contact:
Address:	Phone:
City/State/Zip:	Email:
Name:	Contact:
Address:	Phone:
City/State/Zip:	Email:

COMPANY FINANCIAL STATEMENTS

Please provide balance sheet and profit and loss statement for the past three years.

CONFIRMATION OF ACCURACY & AUTHORIZATION TO RELEASE INFORMATION

I/We hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Actall Corporation in determining the conditions of credit to be extended. By signing below, I/We certify that I have also read the Actall Corporation Payment Terms and Conditions.

<i>Signature</i>	<i>Title</i>	<i>Date</i>
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POLICY STATEMENT: Initial order from new accounts will not be processed unless above information has been received.
TERMS: Net 30 days from date of invoice unless otherwise stated. Past due balances will be subject to interest at 2% monthly.