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CREDIT APPLICATION

Company: _____ Date: ____/____/____

Accounts Payable Contact: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

Billing Address: _____

Year Established: _____ Organization Description: _____

Account Type (check one): _____ (taxable) _____ (resale)

Note: If not taxable the please attach/provide supporting documentation or resale certificate.

Please provide the following credit reference information:

Primary Bank: _____ Company: _____

Address: _____ Address: _____

Contact: _____ Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Account #: _____ Account #: _____

Company: _____ Company: _____

Address: _____ Address: _____

Contact: _____ Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Account #: _____ Account #: _____

The above information is provide for the purposes of obtaining credit and is warranted to be true. I hereby authorize release of credit information to Acro Associates, Inc. Furthermore, I have received a copy of Acro Associate's Standard Terms and Conditions of Sale, and in consideration for a terms accounts being established for the above company, I agree, as an authorized representative for the company, to abide by Acro Associate's Terms and Conditions of Sale.

 Signature of Authorized Representative

 Printed Name

 Title

 Date