



CREDIT APPLICATION

NEW ACCOUNT: _____

TAX CERTIFICATE ATTACHED: _____ YES _____ NO

TAX EXEMPT NO: _____

FULL LEGAL NAME OF BUSINESS _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ Website: _____

PRESIDENT OR PRINCIPAL OWNER(S): _____

ACCOUNT PAYABLE CONTACT (Name/phone#, email address): _____

PURCHASER/BUYER(S) (Name/phone#, email address): _____

BANK REFERENCE: _____ TELEPHONE: _____

ADDRESS: _____ FAX _____

CITY: _____ STATE: _____ ZIP: _____

DUNS NO: _____

LENGTH OF TIME IN BUSINESS: _____ TYPE OF BUSINESS _____

CREDIT REFERENCES: (PLEASE LIST AT LEAST THREE) Must include telephone & Fax#

NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE & FAX #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

ESTIMATED MONTHLY CREDIT REQUIREMENTS: _____

THE ABOVE INFORMATION IS BEING SUBMITTED FOR THE PURPOSE OF ALLOWING **AMERICAN COATED PRODUCTS** TO ASSESS AND/OR CONTINUE TO ASSESS CREDIT ON THE UNDERSIGNED ACCOUNT. THE UNDERSIGNED HEREBY REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN, OR SUBMITTED IN CONNECTION HEREWITH, IS TRUE AND COMPLETE AS OF THE DATE HEREOF. WE HEREBY AUTHORIZED **AMERICAN COATED PRODUCTS** TO CONTACT AND INVESTIGATE THE REFERENCES, INCLUDING THE BANKS LISTED ABOVE AND WE AUTHORIZE THE REFERENCE TO RELEASE THE REQUESTED INFORMATION. THE UNDERSIGNED HEREBY AGREES TO REMIT PAYMENT WITHIN THE TERMS SPECIFIED ON THE FACE OF THE INVOICE. IF THE ACCOUNT IS PLACED FOR COLLECTION, THE UNDERSIGNED AGREES TO PAY ALL COSTS AND EXPENSES OF COLLECTION, INCLUDING ATTORNEYS' FEES AND EXPENSES.

NAME	SIGNATURE	DATE
_____	_____	_____

RETURN COMPLETED APPLICATION VIA FAX: 317-733-4450 ATTENTION: TAMI LAMAR
Or email to: tami.lamar@sbcglobal.net