

APPLICATION FOR CREDIT

BY:

NAME OF FIRM OR INDIVIDUAL _____

ADDRESS _____

YEARS AT THIS ADDRESS _____

CITY _____

STATE _____

ZIP _____

AREA CODE _____

PHONE _____

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

FRANKLIN DOOR & TRIM, INC _____

CHRIS JOHNSTONE _____

CREDIT MANAGER

12140 FREIGHT LANE _____

NET-20 DAYS

OUR NORMAL CREDIT TERMS

NO EXCEPTIONS

PHONE: 915-859-4064 FAX: 915-859-3148

EL PASO, TX 79936 _____

The following information must be provided it will be held in the strictest confidence.

OWNERSHIP

Corporation Check here if incorporated within the past 12 months Partnership Individual

1. NAME OR PRINCIPALS COMPLETE ADDRESS ZIP PHONE/FAX

2. _____

3. _____

4. _____

BANK _____

BANK ADDRESS _____

FINANCE:

BANK OFFICER OR DEPARTMENT _____

PHONE _____

REFERENCES

1. BUSINESS NAME COMPLETE ADDRESS ZIP PHONE

2. _____

3. _____

4. _____

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit Terms and agree to the proper payment in consideration of extended credit.

Date _____ 20 _____ (Signed) _____
(Title) _____

Please do not write in the space below

REFERENCES CHECKED BY _____

REFERENCE RESULTS _____

CREDIT APPROVED BY _____

CREDIT REFUSED BY _____
DATE _____