

CREDIT APPLICATION

	Name			Phone #	Fax#	
	Address			0''	01-1-	7'- 0- 4-
	Address Buyer contact name			City	State	Zip Code
			Buyer contact email			
	ax ID#:		SIC#: Website:			
	ntity: (check one) Corporation Partnership		<u></u>	ability Corporation		
	corporation/Organiza			J		
	S CREDIT INFORMA	ATION				
Principai /	Authorized Officer's	Name		Title		
For Accou	unts Payable Info:	Name		Title		
			`			
Parent Att	filiate (If it is other than	Customer Na	me):			
Customer Bank:			Account No:			
Bank Office	cer:	Name				
Bank Add	ress:					
TRADE REFERENCES				City	State	Zip Code
				I	ĺ	
1)	Name			Phone #	Fax#	1
2)	Address			City	State	Zip Code
	Name			Phone #	I Fax# I	
3)	Address			City	State	Zip Code
3)	Name			Phone #	Fax#	
	Address			City	State	Zip Code

We agree that the party to whom this application is sent may contact the references listed below to confirm the foregoing information and specifically authorize our bank, suppliers, credit bureaus or any other credit reporting agency with whom we have had dealings to release credit and financial information in support of this application.

Our firm is financially able to meet any commitments we will make and we expect to pay our invoices according to the credit terms extended. In consideration of your extending credit to the above named applicant, we hereby grant you a security interest in the goods you will sell us from time to time to secure their purchase price. We further agree to pay 1 1/2% interest monthly on past due balances and further agree to pay all costs, appellate court costs and reasonable attorney fees if it becomes necessary to place our account for collection due to nonpayment or payment beyond the credit terms.

Authorized Signature Title Date

Supply all Applicable Sales and Use Tax Certificates to: Accounting@FortisSolutionsGroup.com

Rev Date: 2/11/15

QF-15-110 Rev# 2