

SMALL TUBE PRODUCTS CO.

P.O. Box 1674

Altoona, PA 16603

APPLICATION FOR CREDIT & CREDIT AGREEMENT

Telephone 814-693-6008 Facsimile 814-693-6006

COMPANY NAME PHONE
BILLING ADDRESS FAX
STREET ADDRESS CITY - STATE - ZIP
NAME OF PARENT CORP., IF ANY
ADDRESS OF PARENT CORP. CITY - STATE - ZIP
INVOICES PAID BY: LOCAL OFFICE PARENT OFFICE

COMPANY OFFICERS/OWNERS:
CORP. PARTNERSHIP PROPRIETORSHIP
NAME STATE & DATE OF INC.
ADDRESS TYPE OF BUISINESS
CITY - STATE - ZIP PERSON IN CHARGE
NAME OF ACCT. PAY.
ADDRESS CONTROLLER
CITY - STATE - ZIP PHONE
FAX
EMAIL ADDRESS

MISCELLANEOUS INFORMATION:
DO YOU CLAIM A STATE SALES TAX EXEMPTION YES NO
FINANCIAL STATEMENT ATTACHED YES NO
CREDIT LIMIT REQUESTED \$
(IF YES, SUBMIT EXEMPTION CERTIFICATE WITH APPLICATION)

BANK REFERENCE:
NAME PHONE
ADDRESS FAX
CHECKING ACCOUNT NO. OFFICER
LOANS

TRADE CREDIT REFERENCES:
1. NAME PHONE
PHONE FAX
ADDRESS CITY - STATE - ZIP
2. NAME PHONE
PHONE FAX
ADDRESS CITY - STATE - ZIP
3. NAME PHONE
PHONE FAX
ADDRESS CITY - STATE - ZIP
4. NAME PHONE
PHONE FAX
ADDRESS CITY - STATE - ZIP

CREDIT AGREEMENT Your signature(s) below mean(s) that in consideration of Small Tube Products Co. extending credit to you, you agree to the following terms of this agreement.
1. Small Tube Products will assign you a maximum credit line and has the right to reduce or withdraw your credit privilege under the credit agreement at anytime.
2. Small Tube Products will issue invoices for purchases made under the credit agreement. Payment of the purchase price shall be made pursuant to the terms set forth on each invoice. All invoices and order acknowledgements shall carry terms.
3. If your account becomes delinquent and remains that way in excess of sixty (60) days, all credit privileges may be cancelled.

My signature on the credit agreement and our use of the account constitutes our consent to the terms and conditions of the account and the credit agreement. Everything I have stated in this application is correct to the best of my knowledge. You are authorized to check our credit history, to answer questions about our credit experience, and to confirm the information on this application with my bank. We herby acknowledge receipt of a copy of this credit agreement.

DATE SIGNATURE OF PRESIDENT, OFFICER OR OWNER TITLE