

CENTURY SYSTEMS CREDIT APPLICATION

Please fill out and fax to 937-237-1595

Contact: _____ Phone No: _____
Name of Business: _____ Fax No: _____
Physical Address: _____
City: _____ Date Business Started: _____
State: _____ Tax Resale Number* _____
Zip Code: _____ State _____
Billing Address: _____ City: _____
State: _____ Zip Code: _____

AMOUNT OF CREDIT REQUESTED: \$ _____ (Please Submit Financial Statement)

Type of Business: (Check one) Corporation Division Partnership Sole Proprietorship

Subsidiary of: _____

IF INCORPORATED, STATE OF INCORPORATION: _____

FULL NAME AND RESIDENCE ADDRESS OF OFFICERS AND/OR PRINCIPALS

Name: _____	Name: _____
Title: _____	Title: _____
Social Security: _____	Social Security: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

LIST THREE (3) SUPPLIERS WITH WHOM YOU HAVE CREDIT:

Name: _____
Phone No: _____ Fax: _____
Contact: _____

Name: _____
Phone No: _____ Fax: _____
Contact: _____

Name: _____
Phone No: _____ Fax: _____
Contact: _____

LIST BANK REFERENCE:

Name: _____
Phone No: _____ Fax _____
Account Number: _____
Account Officer: _____

AMOUNT OF OPENING ORDER: \$ _____ EXPECTED ANNUAL PURCHASES: \$ _____

All information contained in this credit application is true and accurate and is furnished to century Systems, Inc. (Century) in order to induce Century to grant credit to the Applicant. Applicant authorized Century to obtain credit and financial information concerning Applicant at any time and from any source, and agrees to hold harmless Century against any claims for so doing.

Signature of Applicant: _____ Date: _____

Print Name: _____ Title: _____