



Email to:  
ardept@granutec.com

Granutec, LLC  
(800) 435-8855  
3 Taft Court Rockville, MD 20850

APPLICATION FOR CREDIT

|   |  |               |        |  |  |               |        |
|---|--|---------------|--------|--|--|---------------|--------|
| SHIP TO   |  |               |        | BILL TO  |  |               |        |
| Name:   |  |               |        | Name:  |  |               |        |
| Address:  |  |               |        | Address:   |  |               |        |
| City:   |  | State:        | ZIP:   | City:  |  | State:        | ZIP:   |
| Purchasing Agent:   |  |               |        | A/P Contact:   |  |               |        |
| Phone Number:   |  |               |        | Phone Number:  |  |               |        |
| Purchase Order Number Required?    Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |  |               |        | Desired Credit Limit: \$                                     |  |               |        |
| Ownership: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> |  |               |        | State of Incorporation:                                      |  | Date:         |        |
| Social Security or Federal Tax ID Number:   |  |               |        | Year Business Started:                                       |  | Duns Number:  |        |
| Sales Tax Exemption Permit Number:  |  |               |        | Note: Please Include Copy of Certificate if Applicable       |  |               |        |
| If Sole Proprietorship or Partnership, Please List Principle(s) (Attach Additional Sheet if Needed)                               |  |               |        |  |  |               |        |
| Name:   |  |               |        | Phone Number:  |  |               |        |
| Home Address:   |  |               |        | City:  |  | State:        | ZIP:   |
| If Corporated<br>Name of Chief Executive Officer:   |  |               |        | If Applicable, Division or Subsidiary<br>Parent Corporation: |  |               |        |
| <b>BANKING</b>  |  |               |        |  |  |               |        |
| Bank Name:  |  |               |        | Officer:   |  |               |        |
| Address:  |  |               |        | Checking Account Number:                                     |  | Balance:      |        |
| City:   |  | State:        | ZIP:   | Loan Account Number:   |  | Balance:      |        |
| Name of Contact Person:   |  |               |        | Phone Number:  |  |               |        |
| Bank Name:  |  |               |        | Officer:   |  |               |        |
| Address:  |  |               |        | Checking Account Number:                                     |  | Balance:      |        |
| City:   |  | State:        | ZIP:   | Loan Account Number:   |  | Balance:      |        |
| Name of Contact Person:   |  |               |        | Phone Number:  |  |               |        |
| <b>CREDIT REFERENCES</b>  |  |               |        |  |  |               |        |
| Company Name:   |  |               | Acct#: | Company Name:  |  |               | Acct#: |
| Address:  |  |               |        | Address:   |  |               |        |
| City:   |  | State:        | ZIP:   | City:  |  | State:        | ZIP:   |
| Name of Contact Person:   |  | Phone Number: |        | Name of Contact Person:                                      |  | Phone Number: |        |
| Company Name:   |  |               |        | Company Name:  |  |               |        |
| Address:  |  |               |        | Address:   |  |               |        |
| City:   |  | State:        | ZIP:   | City:  |  | State:        | ZIP:   |
| Name of Contact Person:   |  | Phone Number: |        | Name of Contact Person:                                      |  | Phone Number: |        |

(OVER)

I hereby authorize Granutec, LLC to contact the above bank(s) and company(s) regarding credit information. I understand that terms are net 30 days and agree to abide by these terms. Invoices over 30 days old are subject to 1.5% per month, 18% per annum in finance charges

I also understand that the undersigned is personally responsible for all debts incurred by the afore noted business.

It is understood that the Seller is not obligated to extend the credit requested and the account terms may be changed at the discretion of the Seller. Purchaser agrees to abide by the terms herein stated for payment and additionally agrees to pay reasonable attorney's fes and court costs should this account become past due. Should any payment not be made when due, the Purchaser authorizes any attorney to appear in any court of competent jurisdiction and confess judgement against them for the amount due.

"PURCHASER"

-----  
Date

-----  
Type or print name of Purchaser (Customer Name)

-----  
Sales Representative of Seller

-----  
By (Signature)

-----  
Printed Name

-----  
Title

