



CREDIT APPLICATION

FAX COMPLETED APPLICATION TO 812-479-0100 OR EMAIL TO SALES@EBNINC.COM

Business Name: _____

Bill to Address: _____
(Street or P.O. Box No.) (City) (State) (County) (Zip Code)

Telephone Number: _____ Fax Number: _____

Ship to Address: _____
(Street or P.O. Box No.) (City) (State) (County) (Zip Code)

Telephone Number: _____ Fax Number: _____

Ownership: Sole Owner _____ Partnership _____ Corporation _____

Principals: _____
(Name) (Title) (Home Address)

(Name) (Title) (Home Address)

(Name) (Title) (Home Address)

Length of Time in Business: _____ Years _____ Months

Type of Business: Manufacturer _____ Supplier _____ Contractor _____ Other _____

Tax Exemption No. (s) (If applicable) _____
(Please attach a copy of certificate(s))

Bank Reference: _____
(Name) (Street) (City) (State) (Phone)

Trade References: _____
(Name) (Street) (City) (State) (Phone)

(Name) (Street) (City) (State) (Phone)

(Name) (Street) (City) (State) (Phone)

Applicant authorizes any supplier or bank to provide EBN all information requested about all accounts and obligations for which I or the company is a signatory. In consideration of extension of credit by EBN, I agree to terms of sale. Net 30 days of shipment, and to pay at the rate of 18% per annum interest on past due accounts plus costs of collection and attorney's fees of not less than 15% of the balance due.

I have read the above carefully and certify all the above state is true and correct.

Officer of the company Title Date

EBN INDUSTRIAL SUPPLY -- 1701 E. Columbia St. -- Evansville, IN 47711 812-477-0077

VISIT US ON THE WEB AT www.ebninc.com