

Credit Application

Business Name

Address Email Address

City State Zip Code Phone Number

Country Fax

Nature of Business

Form of Business: Sole Proprietor Partnership Corporation

Year Business opened

Date of Incorporation

Accounts Payable contact person

Owners or Corporate Officers:

1

2

Trade references:

Name City Phone Number

Address State Zip Code Fax

Name City Phone Number

Address State Zip Code Fax

Name City Phone Number

Address State Zip Code Fax

Bank Phone Acct#

Contact

I authorize Harbor Foam Inc. to conduct a credit investigation and authorize the creditors and financial institutions listed above to divulge rating information concerning my account with them.

Signature Title

Name Printed Date