

FOAM WORKS

INSULATORS LLC

CREDIT APPLICATION

BUSINESS INFORMATION

COMPANY NAME _____

MAILING ADDRESS _____

STREET ADDRESS _____

TELE# _____ FAX# _____

LICENSE# _____ FED ID# or SS# _____

DATE BUSINESS ESTABLISHED _____

TYPE OF BUSINESS: (check one)

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

IF CORPORATION, PLEASE LIST OFFICERS:

NAME _____ TITLE _____

NAME _____ TITLE _____

OWNER INFORMATION

OWNER/PRINCIPAL _____ SPOUSE _____

ACCOUNTING INFORMATION

ACCOUNTS PAYABLE CONTACT _____

DOES A PURCHASE ORDER NEED TO BE REFERENCED ON THE INVOICE? _____

PLEASE LIST THREE TRADE REFERENCES

1. NAME _____

TEL# _____ CONTACT _____

FAX# _____

2. NAME _____

TEL# _____ CONTACT _____

FAX# _____

3. NAME _____

TEL# _____ CONTACT _____

FAX# _____

I authorize Insulating Inc. to use this document to obtain credit information for the purposes of opening an account.

(Corporate Officer) Date _____