

SPILL-STOP[®] MFG. LLC

a complete line of bar accessories

APPLICATION FOR CREDIT

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Type Of Organization: Corporation _____ Partnership _____ Sole Proprietorship _____

Officer's Name: _____ Title: _____ Officer's Name: _____ Title: _____

Line Of Business: _____ Years In Business: _____

BANK REFERENCE

Bank Name: _____ Account Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

CREDIT REFERENCES

Supplier Name: _____ Account Number: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Fax Number: _____

Supplier Name: _____ Account Number: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Fax Number: _____

Supplier Name: _____ Account Number: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Fax Number: _____

Supplier Name: _____ Account Number: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Fax Number: _____

I authorize the release of information needed to establish credit terms with Spill-Stop® Mfg. LLC

Signed

Dated