

INDOFF CAPITAL CREDIT APPLICATION

11816 Lackland Road St Louis, MO 63146
Remit Payments to PO Box 842808, Kansas City MO 64184-2808

Company Full Legal Name

Complete Street Address

City, State, Zip

County (For sales tax purposes, if non-taxable attach cert.)

(_____) (_____) _____
Phone Number Fax Number

Former Name/Address

Type of Business (ie; Manufacturing, Healthcare, etc.)

Federal ID Number (EIN) -

Yrs In Business Yrs Under Present Control

Corp LLC Partnership Sole Proprietor

Does your company require P.O. #'s? Yes No

Please check the box for the terms you are requesting.

- Credit Terms are net 15 days on Approved Credit**
 Finance* Terms up to 60 Months on Approved Credit
 Lease Terms up to 60 Months on Approved Credit
(*Fixed finance terms @competitive rates for qualified customers.)

All Finance and Lease terms apply only to purchases of \$10,000.00 or greater and cannot be for consumables.

Principal: _____

Home Address: _____

City, St., Zip: _____

Social Security # _____ - _____ - _____

Home Ph # _____ Title: _____

I authorize Indoff, Inc. and its assignees to obtain account financial information from the Bank. I am also authorizing review of a personal credit profile from a national credit bureau, and credit references listed on this application and understand that this information will be held in the strictest of confidence. I affirm that the information provided herein is true and correct and is provided for the purpose of obtaining credit. In the event of default payment, the applicant hereby agrees to pay all costs of collection, including a reasonable attorney's fee, and hereby consents and waives objection to personal jurisdiction of and venue in the Missouri State Courts situated in the County of St. Louis, Missouri and the United States District Court for the Eastern District of Missouri for all cases and controversies involving any and all disputes between applicant and Indoff and its assignees.

Division Purchasing From:
 Material Handling
 Office Interiors
 Promotional Products

Account: _____
Sales _____
D & B: _____

Bank Reference:

Bank Name

Address, City, ST, Zip

(_____) _____
Phone Number Contact Person

Account Number(s)

Three Credit References:

(1) _____
Name

Address City, ST, Zip

(_____) (_____) _____
Phone Number Fax Number

Account Number(s)

(2) _____
Name

Address City, ST, Zip

(_____) (_____) _____
Phone Number Fax Number

Account Number(s)

(3) _____
Name

Address City, ST, Zip

(_____) (_____) _____
Phone Number Fax Number

Account Number(s)

Signature and Title Date