



Foam & Coating Systems, Inc.

CREDIT APPLICATION

<p style="text-align: center;"><u>BILLING ADDRESS</u></p> <p>COMPANY NAME _____</p> <p>ATTENTION _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>ACCOUNTS PAYABLE CONTACT _____</p> <p>PHONE NO _____ FAX NO: _____</p>	<p>____ CORPORATION</p> <p>____ PARTNERSHIP</p> <p>____ PROPRIETOR</p> <p style="text-align: center;">FED. ID NUMBER</p> <p>____</p>
<p>SHIPPING ADDRESS</p> <p>COMPANY NAME _____</p> <p>ATTENTION _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PURCHASING CONTACT _____</p> <p>PHONE NO _____ FAX _____</p>	<p>DUN & BRADSTREET NO (OR OTHER TYPE OF FINANCIAL SERVICE)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">LIST BELOW THREE CREDIT REFERENCES WITH WHOM YOU HAVE ESTABLISHED CREDIT (REFERENCES MUST REFLECT SIZE OF ORDER and <u>MUST INCLUDE FAX NUMBER</u>)</p>	
<p>COMPANY NAME _____ CONTACT _____</p> <p>STREET ADDRESS _____ ACCT. NO _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE NO _____ FAX _____</p>	
<p>COMPANY NAME _____ CONTACT _____</p> <p>STREET ADDRESS _____ ACCT. NO _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE NO _____ FAX _____</p>	
<p>COMPANY NAME _____ CONTACT _____</p> <p>STREET ADDRESS _____ ACCT. NO _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE NO _____ FAX _____</p>	
<p style="text-align: center;"><u>BANK REFERENCE</u></p> <p>COMPANY NAME _____ CONTACT _____</p> <p>STREET ADDRESS _____ ACCT. NO _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE NO _____ FAX _____</p>	
<p>BANK HAS PERMISSION TO RELEASE APPROPRIATE FINANCIAL INFORMATION</p> <p>_____</p>	
<p style="text-align: center;">_____</p> <p style="text-align: center;">(SIGNATURE) (TITLE) (DATE)</p>	

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(Both pages must be filled out entirely for Oak Ridge to process this application)

In applying for credit with Oak Ridge Foam & Coating Systems, Inc. I/we understand that if this application is approved, it will constitute an agreement to be invoiced in accordance with Oak Ridge Foam & Coating Systems, Inc. standard terms of sale which are Net 30 Days of date of invoice. There will be a service charge of 1½% per month on past due accounts.

I am an authorized officer for the applicant company and I have read and fully understand and accept the conditions of this application.

I/we hereby authorize Oak Ridge Foam & Coating Systems, Inc. to obtain such factual and investigative information regarding the company from others as permitted by law, and to furnish other credit granters and credit bureaus particulars of the credit application and subsequent credit experience if applicable.

Authorized Signature _____

Title of authorized _____ Date _____

The undersigned being the (title) _____ of the applicant company assumes full personal liability for all payments for purchases from Oak Ridge Foam & Coating Systems, Inc. by the applicant company. It is understood that credit will not be extended to the applicant company without this personal guarantee of payment.

Witness _____ Date _____

Guarantor's signature _____

Please print name _____

1/11/17

(Both pages must be filled out entirely for Oak Ridge Foam & Coating Systems, Inc. to process this application.) Please return this form by fax (920-294-6830) or email: merl@oakridgepoly.com or pat@oakridgepoly.com.

Manufacturer of High Performance Foam/Coatings & Application Equipment
800-625-9577 920-294-6800 920-294-6830 Fax
575 Commercial Ave., Green Lake, WI 54941 www.oakridgepoly.com