

CREDIT APPLICATION

NUMAX,INC.
P.O. BOX 4811
1073 ROUTE 94, UNIT 11
NEW WINDSOR, NY 12553
800-842-4230
800-835-0175(FAX)
<http://www.numax.com>

SM# _____
ACCT# _____
EST.MONTHLY PURCHASES _____
P.O. REQUIRED _____

FIRM NAME: _____
STREET ADDRESS: _____
CITY, STATE & ZIP _____
E-MAIL ADDRESS _____
CONTACT-ACCTS.PAYABLE _____
SOC.SEC.# OR FEIN# _____

DBA NAME:
corp. partnership sole prpship (circle one)
YEAR IN BUSINESS
WEBSITE URL
CONTACT-PURCHASING

If tax exempt or resale include certificate

PRINCIPLE:

HOME ADDRESS:

CITY,STATE & ZIP

BANK:

ACCOUNT#:

HOME TELEPHONE

ADDRESS:

BANK FAX#:

TRADE REFERENCES: (MINIMUM OF THREE REQUIRED, NOT CREDIT CARD ACCOUNTS)

NAME:	PHONE:	FAX:
ADDRESS:		
NAME:	PHONE:	FAX:
ADDRESS:		
NAME:	PHONE:	FAX:
ADDRESS:		

HAVE YOU EVER FILED BANKRUPTCY UNDER THE ABOVE NAME OR OTHER FIRM NAME?

In consideration of the extension of credit, the undersigned agrees to pay the account I accordance with the Company's credit terms by personally guaranteeing payment in the amount of all invoices for products delivered to and accepted by the undersigned or his entity, whether said invoice are signed or unsigned. In the event of non-payment and the account is placed with an attorney or collection agency, I/we agree to pay reasonable attorney's fee and cost of collection.

By signing this application, I also herby authorize the firm to which I am applying for credit or any credit bureau or other investigative agency employed by this firm to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Dated: Signature of Principle:

We understand your terms are 1 % 10 days, net 30 and agree to abide that a \$25.00 service charge will be assessed to your account for issuing a dishonored check.

Signed:

Title:

Date