

Amount Requested \$ _____

APPLICATION FOR HOLCOMB'S ACCOUNT

Customer Name: _____ Phone: _____

Fax: _____

Billing Address: _____
Street City State Zip

Purchasing email address: _____

Accounting email address _____

Name and Title of Owner or Officer: _____

Corp. IRS Number or Individual Social Security Number: _____

Date Business Started: _____ Nature of Business: _____

Bank Reference: _____
Name Branch

Address: _____
Street City State Zip

Bank Contact Person: _____ Bank Phone Number: _____

Checking Account # _____ Commercial Loan Account # _____

Savings Account # _____ Installment Loan Account # _____

OTHER TRADE REFERENCES:

1. _____
Name Address City State Zip Phone Contact

2. _____
Name Address City State Zip Phone Contact

3. _____
Name Address City State Zip Phone Contact

****If you are requesting to be exempt from state sales tax, please send a copy of your state "Blanket Certificate of Exemption" form with this application.**

WE AGREE THAT ALL PURCHASES ARE PAYABLE WITHIN 30 DAYS FROM DATE OF INVOICE; OTHERWISE, AN INTEREST CHARGE OF (1 1/2%) PER MONTH, 18% PER ANNUM MAY BE CHARGED TO OUR ACCOUNT.

Signature Title

Date

Rev. 11/08

CORPORATE HEADQUARTERS • 1-800-362-9907

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