

CREDIT APPLICATION

Name: _____
Address: _____
E-Mail: _____
Phone: _____ Fax: _____
Principal(s): _____ Tax Resale#: _____
Credit Limit Desired: \$ _____ Expected Annual Sales Volume: \$ _____

BANK REFERENCE

Name: _____
Address: _____
Phone: _____ Account #: _____
Officer Name: _____

TRADE REFERENCES

1 Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____

2 Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____

3 Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____

4 Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____

Skandia's credit terms are Net 30 with an established credit limit, subject to credit references, D&B reports, and expected annual sales volume after a 6-month history has been established.

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. This application gives full authorization to the above references for the release of credit information to Skandia, Inc. The information shall be kept confidential by Skandia, Inc.

Authorized Signature: _____
Title: _____ Date: _____

