TRI-CITY HIGHWAY PRODUCTS, INC.

P. O. Box 338 Binghamton, NY 13902 Phone: (607) 722-2967

Fax: (607) 722-3469

Application for Credit

APPLICANT AGREES TO INDEMNIFY TRI-CITY HIGWAY PRODUCTS, INC FOR ALL EXPENSES INCURRED IN CONNECTION WITH THE COLLECTION OF AMOUNTS PAYABLE UNDER SUCH AN ACCOUNT, INCLUDING COURT COSTS AND ATTORNEY'S FEES. THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. BY SIGNING BELOW I HEREBY GIVE PERMISSION TO REVIEW MY PERSONAL CREDIT INFORMATION. APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILTY AND	Applicant(s) Business Name			
Phone # Fax # Amount of Credit desired If you are a Corporation State of Corporation Date: Federal ID# Name of Principal(s) 1. 2. 3. 4. Individual signing Social Security Accounts Payable Supervisor Trade References 1)Name Address Address Phone # (with area code) Phone # (with area code) Fax # Fax # 2)Name Address Address Address Phone # (with area code) Phone # (with area code) Fax # Fax # Bank Information Name of Bank Account # Address Address Phone # (with area code) Phone # (with area code) Fax # Fax # Bank Information Name of Bank Account # Address Address Phone # (with area code) Contact ALL ACCOUNTS OVER 30 DAYS WILL BE CHARGED A SERVICE CHARGE OF 1.5% PER MONTH (18% ANNUM) APPLICANT AGREES TO INDEMNIFY TRI-CITY HIGWAY PRODUCTS, INC FOR ALL EXPENSES INCURRED IN CONNECTION WITH THE COLLECTION OF AMOUNTS PAYABLE UNDER SUCH AN ACCOUNT, INCLUDING COURT COSTS AND ATTORNEY'S FEES. THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING AND IS WARRANTED TO BE TRUE. IWE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. BY SIGNING BELOW I HEREBY GIVE PERMISSION TO REVIEW MY PERSONAL CREDIT INFORMATION. APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILTY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH INVOICED TERMS AND AGREEMENT WITH THE ABOVE RELEASE OF INFORMATION. Firm Name Date Date Date Date Date By (Signature) Title Date Date Date Date Date Date Date Dat	Address			
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