

Industrial Services
www.fabcoind.com

P.O. Box 65, Neenah, WI 54956

800-473-5251 / 920-729-5066 Fax



CREDIT APPLICATION

For the purpose of procuring and establishing credit from time to time with FABCO Industrial Services, the undersigned applicant furnishes the following information. Applicant represents and warrants said information is true and correct.

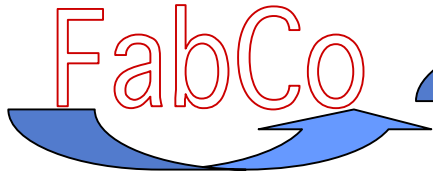
Applicant: Business or Corporation Name				Application Date:		
Business Street Address:			Billing Address:			
City:	State:	Zip	City:	State:	Zip	
Business Telephone	Year Established	No. of Employees	Mo. Statement Required?			
Type of Business:		Sole Prop:	Corp:	Partnership:		
Sales Tax Exempt Yes___ No___ If yes box is checked, certificate of exemption is required to process application.						
Owners (if applicant is sole proprietorship or partnership) Officers (if a corporation)						
Name	Title	Home Address		Home Phone		
Bank or Savings and Loan Association						
Name of Institution	Address		Account No.	Type of Account		
Applicant's Principal Suppliers (List at least 3)						
Name	Address			Telephone		

Signature

Title

Date

RETURN TO: FABCO Industrial Services
P.O. Box 65, Neenah, WI 54957-0065
Phone (920) 729-5065 FAX (920) 729-5066



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CREDIT INFORMATION RELEASE AUTHORIZATION

You are hereby authorized to give to ___FABCO Industrial Services_____, or any of its representatives, any and all information, facts and particulars, which may be requested regarding _____ credit history.

I, the undersigned, hereby agree and authorize ___FABCO Industrial Services_____, or any of its representatives, to make multiple duplicates of this form to be used in connection with inquiring and requesting information regarding _____ credit history.

Further, I hereby unconditionally agree and forever discharge and release ___FABCO Industrial Services_____, and any of its representatives, of all liability, whether known or unknown, that may accrue as a result of such investigation into _____ Credit history.

Signature : _____

Printed Name : _____

Title : _____

Company : _____

Date : _____