



APPLICATION FOR CREDIT

HENRY A. PETTER SUPPLY CO.

PO Box 2350
Paducah, KY 42002-2350

Phone: 270-443-2441 Fax: 270-575-6946

For the purpose of establishing credit with creditor I/we, the undersigned, warrant the financial information below to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

NAME OF BUSINESS (DBA)		SOLE	PARTNERSHIP	CORPORATION
		_____	_____	_____ STATE
PARENT COMPANY OR OTHER NAME			DATE BUSINESS STARTED	
STREET/SHIPPING ADDRESS		CITY, STATE		ZIP
BILLING ADDRESS		CITY, STATE		ZIP
OWNER OF LOCATION (if Other than Business)		BUSINESS TELEPHONE		FAX#
NAME OF ACCOUNTS PAYABLE CONTACT		ACCOUNTS PAYABLE TELEPHONE		FAX#
PURCHASING MANAGER			ENGINEERING MANAGER	
PRINCIPAL BUSINESS ACTIVITY				

Name and home address of officers, partners, owners, or other responsible parties.

	FULL NAME	TITLE	RESIDENCE ADDRESS	TELEPHONE
1				
2				

References: Give only names of those you buy from on open account.

	FULL NAME/CONTACT	ADDRESS	TELEPHONE/FAX#
1			
2			
3			

Tax Status:

_____ Please charge sales tax on all purchases.

_____ Please do not charge sales tax on purchases. (A valid sales tax exemption certificate must be submitted with application or you will be charged tax.)

Bank Reference:

BANK NAME	CONTACT	PHONE#	BUSINESS CHECK ACCT #

PLEASE PROVIDE COPY OF MOST RECENT FINANCIAL STATEMENT OR PROVIDE FINANCIAL INFORMATION BELOW.

FINANCIAL STATEMENT

ASSETS

LIABILITIES

CASH ON HAND AND IN BANKS _____ ACCOUNTS RECEIVABLE _____ AMOUNT PAST DUE (_____) INVENTORY _____ LAND & BUILDING _____ MACHINERY, FIXTURES & EQUIPMENT _____ DUE FROM OFFICERS/NON-CUSTOMERS _____ OTHER ASSETS (DESCRIBE) _____ _____ _____ _____ STATEMENT OF PROFIT & LOSS FROM _____ TO: _____ AMOUNT OF PROFIT OR (LOSS) _____ INSURANCE ON MERCHANDISE & FIXTURES _____ INSURANCE ON BUILDINGS _____	ACCOUNTS PAYABLE - MERCHANDISE _____ NOTES PAYABLE _____ ACCRUED TAXES _____ ACCRUED INTEREST _____ ACCRUED RENT/PAYROLL _____ PAYABLES TO OFFICERS ETC. _____ MORTGAGE ON LAND & BUILDINGS _____ CHATTELL MORTGAGE ON MDSE OR EQUIP _____ OTHER LIABILITIES (DESCRIBE) _____ _____ _____ _____
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IMPORTANT INFORMATION

CLAIMS

Check each shipment on receipt and note receiving exceptions in writing on delivery documents. Report errors promptly. If damage is concealed, keep packing materials and call our office for inspection. If received on our truck, we will make good any damage or shortage. If received from a common carrier, we will assist you in substantiating your claim with the carrier.

RETURNED GOODS/ORDER CANCELLATIONS

Merchandise may be returned for credit only with our consent and upon issuance of a Return Goods Authorization. Unless the merchandise was shipped by us in error or is defective, credit for all merchandise returned will be subject to a 10% minimum restocking charge and transportation charges covering the item. Credit for return of special items, not stocked by Petter will be allowed only to the extent allowed by the manufacturer and subject to charges assessed by the manufacturer for restocking, reconditioning, and transportation. Orders may be cancelled only with our consent. The Customer will be responsible for any costs incurred by Petter resulting from any cancellation.

Read before signing. I/we hereby agree to the terms, **net 30 days** unless otherwise stated. In the event of collection, customer pays all costs and attorney fees. A service charge of the highest legal rate may be charged on all accounts remaining unpaid beyond the terms stated on the invoice.

Signature _____	Title _____	Date _____
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