



business references

DATE: _____

SALES TAX EXEMPTION #: _____ FEDERAL ID#: _____

NAME OF FIRM: _____ [] MFG [] WHOLESALE [] RETAILER

STREET ADDRESS: _____ PO BOX: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

[] CORPORATION [] PARTNERSHIP [] PROPRIETORSHIP

NAME OF PRESIDENT: _____ TREASURER: _____

OWNER: _____ PARTNER: _____

STATE INCORPORATED: _____ YEAR: _____

IF BRANCH OR DIVISION, LOCATION OF HOME OFFICE: _____

INVENTORY NEEDS: [] YES [] NO (90 DAYS MAXIMUM) ARE PO'S REQUIRED? [] YES [] NO

PERSON TO CONTACT REGARDING ACCOUNTS PAYABLE? _____

WILL FIRM SUBMIT A FINANCIAL STATEMENT UPON REQUEST? [] YES [] NO

PLEASE PROVIDE AT LEAST ONE BANK REFERENCE AND THREE TRADE REFERENCES:

BANK REFERENCE (Please include the account numbers, address, zip, phone and fax numbers)

1) _____

2) _____

TRADE REFERENCE (Please include the account numbers, address, zip, phone and fax numbers)

1) _____

2) _____

3) _____

4) _____

In consideration of credit being extended to the above named firm, the company guarantees all indebtedness hereunder. The company further agrees that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need to be given. (The terms may be arranged, extended and/or renewed without notice to me.) That I will, within five days from date of notice that the account is past due, pay the amount due. The company also agrees to pay all expenses, including court costs, legal and administrative expenses and attorney fees paid or incurred by Copac, Inc. in endeavoring to collect the sums due and owing by the company. We authorize those listed as references to release information requested by Copac Inc. Such information will remain confidential.

SIGNATURE _____ TITLE _____ DATE _____