

KLEEN BLAST ABRASIVES
2600 OLD CROW CANYON RD. STE 200
SAN RAMON, CA 94583-1616
925-831-9800, 925-831-9183 (FAX)

CREDIT APPLICATION

Date _____

Maximum credit applied for \$ _____ (Specify dollar amount)

D & B Number _____ Federal Tax I.D. Number _____

Name of Firm _____ Phone # _____ Fax # _____

Business Street Address _____

Billing Address _____

City _____ State _____ Zip Code _____

Type of Business _____

Name of Officers/Owners of Firm

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Phone</u>
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Year Established _____ Form of Business: Proprietorship ___ Partnership ___ Corporation ___

Accounts Payable Contact _____ Telephone _____

Sales Tax Exemption? Yes ___ No ___ (If yes, please attach Tax Exemption Certificate.)

Bank Affiliation _____ Account Number _____

Bank Telephone No. _____ Bank Officer _____

Business References: (Give references that extend a line of credit similar to what is currently requested.)

1. _____ Phone# _____ Fax # _____

2. _____ Phone # _____ Fax # _____

3. _____ Phone # _____ Fax # _____

PAYMENT TERMS NET 30 DAYS FROM INVOICE

The information above is submitted for the purpose of obtaining credit from Kleen Blast. The Applicant agrees to pay for all items delivered to or at the request of Applicant by Kleen Blast within thirty (30) days from date of Kleen Blast's invoice or within the time established on the face of Kleen Blast's invoice for said items, whichever is greater. All accounts are due and payable at the remittance address shown on the Kleen Blast invoice. The Applicant understands that past due accounts are subject to a "credit hold" status and C.O.D. terms for all future purchases. Should collection become necessary, the Applicant agrees to pay all costs incurred, including a reasonable attorney's fee. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands the same.

Applicant authorizes Kleen Blast to obtain credit and financial information concerning the Applicant at any time and from any source.

Authorized Signature _____ Title _____

Printed Name _____ Date _____