APPLICATION FOR CREDIT

_____
Name of Firm or Individual

_____Years at this Address_____

_____
City State Zip Area Code/Phone

HEREBY applies for credit in accordance with the terms and conditions of:

EXT, Inc.
1324 Kearney Road
Excelsior Springs, MO 64024
Fax: (816) 630-2226

Net 30 Days
Our Normal Credit Terms

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP: ___ Corporation ___ Partnership ___ Individual

FINANCE: _____

Bank Account Numbers

_____
Bank Officer Phone & **Fax Number**

REFERENCES: *(It is important that we receive fax numbers for your references)*

1. _____
Business Name Contact Phone

_____
Fax

2 _____
Business Name Contact Phone

_____
Fax

3. _____
Business Name Contact Phone

_____
Fax

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

_____ _____
Date **(Signed)**

_____
(Title)

VERIFICATION:

_____ _____ _____ _____
References Checked by Credit Approved Credit Refused Date