

NAPA GLOVE AND SAFETY, INC.

APPLICATION FOR CREDIT

DATE: _____

FIRM NAME _____ TRADE STYLE _____
STREET ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____
FULL NAME OF OWNER OR OWNERS (OR AN AUTHORIZED OFFICER OF CORPORATION)
LIST HOME ADDRESS & ZIP CODE FOR PARTNERSHIP OR INDIVIDUAL

PLEASE CIRCLE ONE: INDIVIDUAL PARTNERSHIP CORPORATION
FED. TAX NUMBER (FOR CORP.) _____
ADDITIONAL INFORMATION REQUIRED FOR CONDITIONAL SALES CONTRACTS UNDER THE UNIFORM COMMERCIAL CODE
DEBTOR (INDIVIDUAL SIGNING CONTRACT) _____ TITLE _____
DEBTOR'S SOCIAL SECURITY NO (FOR INDIVIDUAL OR PARTNERSHIP) _____

TYPE OF BUSINESS _____ DATE STARTED _____
ESTIMATED ANNUAL SALES _____
FORMER BUSINESS _____ LOCATION _____
OWN OR RENT BUILDING-IF RENT-FROM WHOM?
VALUE _____
REAL ESTATE MORTGAGE _____

TRADE REFERENCES

NAME	ADDRESS	PHONE	FAX
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

NAME OF BANK _____
STREET ADDRESS _____
CITY _____ STATE _____

CREDIT CARD INFORMATION (IF APPLICABLE)

CARD TYPE	CARD NUMBER	EXP	SECURITY CODE
1.	_____	_____	_____
2.	_____	_____	_____

APPLICANT'S SIGNATURE ATTESTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. APPLICANT'S SIGNATURE ALSO ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.

FIRM NAME _____

SIGNATURE _____

TITLE _____

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