APPLICATION FOR CREDIT

Please return to: **CORPORATE HEADQUARTERS**
F&M MAFCO, INC
P. O. BOX 11013
CINCINNATI, OHIO 45211-1113
(513) 367-2151 • FAX (513) 367-0363

BILLING / SHIPPING INFORMATION

Date: _____

Individual/Company Name: _____

Street Address: _____

City/County: _____ State: _____ Zip: _____

Mailing Address: _____

City/County: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Pager/Mobile: _____

ABOUT YOUR COMPANY

Work is conducted from: ❑ Home ❑ Shop

Are purchase orders issued: ❑ Yes ❑ No

If answer is yes, by whom: _____

Special billing instructions: _____

_____

_____

Number of invoices required: _____ Is a job name required? ❑ Yes ❑ No

Is company sales tax exempt? ❑ Yes ❑ No (if yes, please attach an exemption certificate.)

REFERENCES / MAJOR SUPPLIERS

Name	Phone #	Fax #	Account #

TERMS - CHANGES TO TERMS WILL VOID APPLICATION

We, the undersigned applicant, agree to pay all sums due according to the terms stated in your invoices (Net 30) and we agree to pay 1-1/2% per month service charge on all amounts past due. We agree to pay all costs of collection, including a minimum of 25% attorney's fees, court costs, etc. We agree that returned material will be subject to a minimum 25% restocking charge.

The undersigned certifies the above information to be correct, that it is submitted for the purpose of obtaining credit and agrees to all of the terms and conditions of sale of F&M Mafco, Inc. We also authorize you to inquire of principal trade creditors, banks, other credit references to check credit and allow you to answer questions from others about your credit experience with us. The undersigned hereby waives all venue objections and agrees to notify F&M Mafco, Inc., in writing, of any change in the form of ownership of applicant's business within five days of such change. The undersign agrees and consents that facsimile signatures shall be deemed original signatures for all purposes in connection forewith.

_____ _____ (SEAL)
Date Owner / Officer Signature

_____ _____
Witness Title

**PLEASE ATTACH A CREDIT REFERENCE SHEET & ANY TAX EXEMPTION CERTIFICATES,
ALSO INCLUDE ANY SPECIFIC OR SPECIAL BILLING INFORMATION
TERMS SECTION MUST BE SIGNED AND DATED
THANK YOU**