AULICK INDUSTRIES P.O. BOX 259 730 AVE I SCOTTSBLUFF, NEBRASKA 69363



COMMERCIAL CREDIT APPLICATION

NAME:			DATE	E:	
PHYSICAL ADDRESS:		CITY:	STA	TE:	ZIP:
BILLING ADDRESS:		_CITY:	STATE	<u>:</u>	_ZIP:
TELEPHONE:	E-MAIL:	BI	ILLING EMAIL:		
TYPE OF ORGANIZATION:	CORPORATION:	PARTNERSHI	P:SO	LE PROPRIE	TORSHIP:
NATURE OF BUSINESS:		н	IOW LONG IN BUSI	NESS:	
SOCIAL SECURITY NUMBER:		_D.O.B.:	P. O. NECE	SSARY:	YESNO
ARE YOU TAX EXEMPT?	YESNO	If yes, please provide a co	opy of your resale or e	exemptcertific	cate.
BANK REFERENCE:					
NAME AND BRANCH:		_OFFICER NAME:			
TELEPHONE:	ACCOUN	TNUMBER:			
ROUTING NUMBER:	DEPART	MENT E-MAIL:			
TRADE REFERENCE:					
NAME:					
TELEPHONE:	ACCOL	INT NUMBER:			
PLEASE LIST 1 CUSTOMER YOU	WILL BE HAULING FOR:				
NAME:	TELEP	HONE:			
NEAREST RELATIVE NOT LIVING	WITH YOU:				
NAME:	TELEP	HONE:			
Terms are net 30 days. Finance cha By signing below, I admit my agreem	5 1	5			•
The undersigned hereby consent(s) to evaluate the credit worthiness of the u contemplated in this credit application from time to time on connection with individual(s) here by knowingly conse	Indersigned as principle, prop . The undersigned hereby au the extension or continuation	orietor, and or guarantor in co thorize(s) Aulick Industries (of the business credit repre	onnection with the ext Company to utilize a c esented by this credit	tension of bus consumer cre application.	siness credit as dit report on the undersigned The undersigned as [an]
In consideration of credit being extend individual or individuals, a proprietors! Aulick Industries the faithful paymen irrespective of status or change in ex guaranteeing full payment, the unders indebtedness, including, but not limite	hip, a partnership, a corporat t, when due, of all accounts c isting business of which the igned agrees to reimburse Au	ion, or other entity, the unde f said applicant for purchase undersigned is a principal (c ılick Industries for any and a	rsigned guarantor(s) es made. Payment sh wner, partner or offic ill expenses incurred	hereby contra nall be persor er). In additio in the collectio	act and guarantee to nally guaranteed n to
Your Name:	Telephone:				
Authorized Signature:	Date:				