



Tel: (812) 238-8883 Fax: (812) 238-8853
1543 South Center St, Terre Haute, IN 47802

CONFIDENTIAL CREDIT APPLICATION

(Min Order: \$2500 for Net Terms, for lesser orders there is a one time \$35.00 setup fee)

Date: ___/___/___

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____)-____-____ Fax: (____)-____-____

Sales Tax Exemption #: _____ D & B #: _____
(Please send a copy of tax exemption certificate)

NAME AND ADDRESS OF INDIVIDUALS OR PARTNERS- PLEASE INCLUDE NAME, TITLE, & PHONE NUMBERS OF CORPORATE OFFICERS: (ATTACH IF NECESSARY)

BANK REFERENCES PLEASE INCLUDE BANK ACCOUNT NUMBER, CONTACT PERSON, TITLE & PHONE NUMBER
(ATTACH IF NECESSARY)

TRADE REFERENCES:
(ATTACH IF NECESSARY)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND IS SUBMITTED FOR THE PURPOSES OF OPENING AN ACCOUNT WITH SCALEABLE SCALES. BY SIGNING BELOW, I/WE GUARANTEE THIS ACCOUNT AND AGREE TO PAY COURT COSTS, REASONABLE ATTORNEY'S FEES, AND INTEREST AT THE LEGAL RATE INCURRED (1.9% PER MONTH OR 24% PER ANNUM) FOR THE COLLECTION OF ANY UNPAID BALANCE.

Title: _____ Date: ___/___/___ Signed: _____