

BREAKER TECHNOLOGY

CREDIT APPLICATION

CUSTOMER

NAME: _____
DBA: _____
ADDRESS (NO P.O. BOX): _____
CITY: _____ STATE//PROVINCE: _____
ZIP/POSTAL CODE: _____
PHONE: _____ FAX: _____
D&B #: _____ EIN#: _____
A/P MANAGER: _____ A/P CONTACT: _____
IN BUSINESS SINCE: _____
AMOUNT OF CREDIT REQUESTED: _____

SUPPLIER TRADE REFERENCES

	<u>FIRM NAME</u>	<u>CONTACT NAME</u>	<u>PHONE#</u>	<u>FAX#</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

By affixing their signatures below, the undersigned jointly and individually, (or if a corporation, the corporation authorized officers/agents) agree:

- 1) that the information contained herewith is warranted to be complete, factual and correct and understand that BTI will rely on the accuracy of this information for any credit that may be extended,
- 2) to pay when due, all invoices from BTI,
- 3) that in the event of default of payment when due, all costs of collection, including attorney's fees and court costs shall be paid by the applicant,
- 4) Hereby expressly authorizes BTI to investigate any references or statement herein listed or any other data obtained from any person pertaining to the credit worthiness or financial responsibility of the applicant

PRINT NAME: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE: _____

PLEASE ATTACH A COPY OF THE LATEST AUDITED FINANCIAL STATEMENTS OR ANNUAL REPORT