CONFIDENTIAL CREDIT APPLICATION

TRADE NAME _____

ADDRESS _____PO BOX_____

CITY/STATE _____ZIP CODE_____

BUS. PHONE ( )_____FAX ( )_____

LIST PRINCIPAL OWNER OR TITLES

FULL NAME	TITLE	RESIDENT ADDRESS	SOC SEC	PHONE

TRADE REFERENCES (Name & Complete Address of Major Suppliers)

NAME:_____PHONE_____

ADDRESS:_____CONTACT_____

CITY/STATE:_____ZIP CODE_____

NAME:_____PHONE_____

ADDRESS:_____CONTACT_____

CITY/STATE:_____ZIP CODE_____

NAME:_____PHONE_____

ADDRESS:_____CONTACT_____

CITY/STATE:_____ZIP CODE_____

P.O. REQUIRED ___YES ___NO JOB REQUIRED ___YES ___NO

RENTAL INSURANCE ___YES ___NO If Yes, Name of Agent_____

WE HEREBY APPLY FOR CREDIT TO J.C. SMITH, INC. WE UNDERSTAND THAT THE TERMS OF SALE REQUIRE PAYMENT WITHIN 30 DAYS AND AGREE THAT IF OUR ACCOUNT IS NOT PAID WITHIN 60 DAYS, J.C. SMITH, INC. WILL ADD SERVICE CHARGE OF 1-1/2% PER MONTH ON THAT PORTION OF THE ACCOUNT OVER 60 DAYS. IF ACCOUNT BECOMES DELINQUENT AND PLACED FOR COLLECTION COLLECTION/ATTORNEY FEES OF 33 1/3% WILL BE ADDED.

PERSONAL GUARANTEE SIGNATURE_____

IN CASE OF DEFAULT, WE/I JOINTLY AND SERVERALLY PERSONALLY GUARANTEE THE ACCOUNT OF _____ AND WILL PAY BESIDES THE PRINCIPLE A SUM EQUAL TO 33 1/3% THEROF, PLUS DISBURSEMENTS AND COURT COSTS IF THIS ACCOUNT IS PLACED FOR COLLECTION OR SUIT WITH A COLLECTION AGENCY OR AN ATTORNEY.

DATE:_____ _____

SIGNATURE (NO TITLE)

RETURN TO:

J.C. SMITH, INC.
345 PEAT STREET SYRACUSE, NY 13210
FAX 315-428-9841 PHONE 315-428-9903
ATTN: JEFF SMITH

_____

PLEASE SPECIFY YOUR WORK IN N.Y.S

_____

SALESMAN NAME & NUMBER