



Donelson Corporation

APPLICATION FOR CREDIT

FIRM NAME: _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BANK: _____ PHONE: _____ CONTACT: _____

ADDRESS: _____

LIST 3 BUSINESS REFERENCES:

NAME	ADDRESS	PHONE	FAX

Do you have a Sales Tax (Resale) Number? YES: _____ NO: _____ Tax Number: _____

Do you have a Tax Exempt Number? YES: _____ NO: _____ Exempt Number: _____

Please forward the appropriate sales tax exemption form or certificate for your purchases or sales tax will be applied.

A PAST DUE CHARGE OF 1.5% PER MONTH WILL BE IMPOSED ON ALL ACCOUNTS NOT PAID BY THE NEXT BILLING DATE (30 days).

In the event DONELSON CORPORATION must take legal action to collect any unpaid amount due on any invoice, DONELSON CORPORATION shall also be entitled to collect, from the CUSTOMER, its costs, expenses, and reasonable attorney's fees incurred in such collection action.

The above information is true to the best of my knowledge. By signing this credit application, I authorize Donelson Corporation to contact my references within and understand and agree with the terms and conditions noted on this application.

Signed: _____ Date: _____