



Saco Industries Inc.

Kitchen & Vanity Cabinetry

17151 Morse Street - P.O. Box 342 - Lowell, IN 46356

Phone: (219) 696.2800

Fax: (219) 696.2232

www.sacoindustries.com

Application for Financing

Date _____

Company Information:

Company Name: _____

Street Address: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

Type of Business: Sole Proprietorship Corporation Partnership

Tax Exempt: Yes (if yes, attach certificate) Exempt#: _____

No

Type of Business: _____

Dun & Bradstreet No.: _____

Tax ID#: _____

Project Information:

Project Name: _____

Street Address: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

Tax Number: _____

Project Owner: _____

Street Address: _____

Phone Number: _____ Fax Number: _____



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Corporate Officer Information:

Name	Address	Phone#
1. _____	_____	_____
2. _____	_____	_____

Banking Information:

Bank Name: _____

Address: _____

Contact: _____

Phone Number: _____ Fax Number: _____

Account#: _____

References:

Please list at least 3 references that you have been doing business with for at least three (3) years:

1. Name: _____ Fax: _____
 Address: _____ City, ST: _____
 Type of Product Purchased: _____

2. Name: _____ Fax: _____
 Address: _____ City, ST: _____
 Type of Product Purchased: _____

3. Name: _____ Fax: _____
 Address: _____ City, ST: _____
 Type of Product Purchased: _____

On the third page, you will find SACO INDUSTRIES, INC.'s disclaimer and agreement to terms. This page must be signed and returned to SACO INDUSTRIES, INC. before your credit application will be processed.



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DISCLAIMER & AGREEMENT TO TERMS

****Your credit application will NOT be processed if this page is not completed and returned to us****

I certify that all of the information contained in this document is correct.

Amounts in default under terms will be subject to a late payment charge (1-1/2% per month, 18% annual rate or such lesser amount as necessary to ensure that such charge does not exceed the maximum allowable by law in the State in which the sale is made.) Late payment charge to bear from and after first day balance is in default.

I certify that the company named above will be responsible for any reasonable legal fees connected with collection of any invoices that are not paid within the terms set forth by SACO INDUSTRIES, INC.

I certify that the company named above is aware of SACO INDUSTRIES, INC.'s credit terms and agrees to pay all invoices within those terms.

I also certify that I am authorized to release credit information to potential vendors for the purpose of obtaining a credit-based account.

Signature

Printed Name

Title

Thank you for your interest in Saco Industries, Inc.

Please FAX your completed Credit Application to 219.696.2232.