



Application for Financing

Date: _____

Company Information:

Company Name: _____

Street Address: _____

Billing Address: _____

Phone No. _____ Fax No. _____

Type of Business: _____ Sole Proprietorship _____ Corporation _____ Partnership

Tax Exempt: _____ Yes (if yes, attached certificate) Exempt # _____
_____ No

****TAX EXEMPT / RESALE CERTIFICATE REQUIRED WITH APPLICATION OR STATE APPLICABLE TAX WILL BE CHARGED ****

Type of Business and Date Established: _____

Dun & Bradstreet No: _____

Tax ID # _____

Project Information:

Project Name: _____

Street Address: _____

Billing Address: _____

Phone No. _____ Fax No. _____

Tax Number: _____

Project Owner: _____

Street Address: _____

Phone No. _____ Fax No. _____

How did you hear about Saco? _____

17151 Morse Street, P.O. Box 342, Lowell, IN 46356
Phone: 219-696-2800 Fax: 219-696-2232



Corporate Officer Information

Name	Address	Phone No.
1. _____	_____	_____
2. _____	_____	_____

Banking Information:

Bank Name: _____
Address: _____
Contract: _____
Phone No. _____ Fax No. _____
Account Number: _____

References:

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

Company _____
Address: _____ City _____
State/ZIP: _____ Contact: _____ FAX _____

Company _____
Address: _____ City _____
State/ZIP: _____ Contact: _____ FAX _____

Company _____
Address: _____ City _____
State/ZIP: _____ Contact: _____ FAX _____

On the third page you will find SACO INDUSTRIES disclaimer and agreement to terms. This page must be signed and returned to SACO INDUSTRIES 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 is aware of SACO INDUSTRIES, INC. 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
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Thank you for your interest in Saco Industries, Inc.

Please Fax or EMAIL your completed Credit Application to:

219.696.2232 * 219.696.2252 * accounting2@sacoindustries.com