

Principle  
Business  
Enterprises,  
Inc.

Pine Lake Industrial Park  
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CREDIT APPLICATION. (revised 04/03)

COMPANY NAME \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE BUSINESS STARTED \_\_\_\_\_ D & B # \_\_\_\_\_ NET WORTH \_\_\_\_\_

FORM OF BUSINESS: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

Application for credit is hereby made and the following references given. It is understood that this information will be held in strictest confidence and used only by our Credit Department.

REFERENCES:

Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

TRADE:

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

We agree to abide by PBE's credit policy, which requires payment of invoices within 30 days. However, should we at any time neglect to pay invoice(s) within the 30 day period, we agree to pay a late charge fee of 1.5% of the total invoice for each month or partial month that we are late in paying such invoice(s).

In the event this account is placed in the hands of an outside agency for collection or suit instituted to collect same or any portion thereof, I and /or we agree and promise to pay all fees incurred.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. PBE has authorization to investigate the credit references listed above.

\_\_\_\_\_  
Signature Name (typed) Title Date

PERSONAL GUARANTEE

I/we personally guarantee and bind ourselves to the faithful payment of all amounts purchased or now owing by us or either of us, or any other person, firm or corporation for our benefit.

\_\_\_\_\_  
Signature Name (typed) Date