



MEGHAN BLAKE INDUSTRIES INC CREDIT APPLICATION

Full Legal Name of Entity: _____

Type of Business: Corporation Partnership Sole Proprietorship

Address: _____

City: _____ State: _____ Zip: _____ DB#: _____

Phone: _____ Fax: _____ How long in Business? _____

*Sales Tax #: _____ Federal ID or SS#: _____

*A copy of the Sales Tax Certificate MUST be faxed or emailed with this application

Email Address: _____

Owner's Name: _____

Bank: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Trade References (3 required)

Entity: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ DB#: _____

Phone: _____ Fax: _____

Entity: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ DB#: _____

Phone: _____ Fax: _____

Entity: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ DB#: _____

Phone: _____ Fax: _____

Continued . . .

CREDIT APPLICATION CONTINUED

SIGNATURE REQUIRED

I request a credit application with Meghan Blake Industries dba Hickory Contract and furthermore agree to the "TERMS" and conditions as stated on this application the invoices and the agreements attached.

I hereby certify that the foregoing statements and representations on this application are true and correct as of this date. I/we , guarantee payment of the above account, on this _____ day of _____, 20____.

The undersigned authorizes the banks and trade references listed to release credit information to Meghan Blake Industries Inc.

(If entity is a Corporation, this form must be signed by an officer of the Corporation. For all other entities, this form must be signed by an owner or a partner.)

Signature _____ DATE _____

Print Name _____ TITLE _____

Please fax/mail/email credit application and copy of sales tax certificate to:

Meghan Blake Industries Inc
C/O Credit Department
7514 West NC #10 Hwy
Vale NC 28162
Phone 704-462-2988
Fax 704-462-2672
email darryl.martin@hickorycontract.com