



A CARRIFF ENGINEERED FABRICS COMPANY

APPLICATION FOR CREDIT

Company Name: _____

Business Address: _____

Mailing Address: (if different than above) _____

Ship To Address: (if different than above) _____

EIN #: _____

Sales Tax Status: Exempt: _____ Non Exempt: _____
(If exempt please attach a copy of your tax exemption certificate)

Telephone: _____ Fax: _____

Principals (Key Personnel)

Name: _____ Position: **Owner/President/General Mgr.**
please circle

_____ telephone _____ fax _____ email

Name: _____ Position: **Purchasing Agent/Buyer**
please circle

_____ telephone _____ fax _____ email

Name: _____ Position: **Accounts Payable**

_____ telephone _____ fax _____ email

Banking Information

Name of Bank: _____

Address: _____

Contact Name: _____

Telephone: _____ Fax: _____

(CONTINUED ON REVERSE)

Credit/Trade References

1) Company Name: _____ Contact: _____

Address: _____

_____ telephone _____ fax _____ email

Number of Years of Association with this Company: _____

2) Company Name: _____ Contact: _____

Address: _____

_____ telephone _____ fax _____ email

Number of Years of Association with this Company: _____

3) Company Name: _____ Contact: _____

Address: _____

_____ telephone _____ fax _____ email

Number of Years of Association with this Company: _____

Credit Limit Requested: \$ _____

If your company finds it more convenient to pay using direct deposit, please contact Carriff's Credit Manager for Carriff's banking information.

Completed By: _____

Position: _____

Signature: _____ Date: _____

Please Fax Completed Form To:

Carriff Corporation Inc.
 3500 Fieldstone Trace
 Midland, NC 28107
 USA
 Attn: CREDIT MANAGER
 TEL: 704-888-3330
 FAX: 704-888-1246