

PANTHER CRUSHING CO. INC.



CREDIT APPLICATION

BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Name/Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

Business Name Owner		Bank name:	
Bank address		Length of time with bank	
Phone		Fax	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims/Disputes arising from invoices must be made within seven working days.
3. By submitting this application, you authorize PANTHER CRUSHING CO. INC. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name Title		Name Title	
Date		Date	