

**Flag North America Inc.**

**APPLICATION FOR CREDIT**

THANK YOU FOR YOUR INTEREST IN Flag North America Inc.. IF YOU WOULD LIKE OTHER THAN C.O.D./CASH, PLEASE COMPLETE THIS APPLICATION AND THE ACCOMPANYING LIST OF CREDIT REFERENCES. ALSO, IF WE SHOULD NOT CHARGE SALES TAX ON YOUR PURCHASES, PLEASE ATTACH LEGAL PROOF OF TAX EXEMPTION SUCH AS A CERTIFICATE OF RESALE, INDUSTRIAL MACHINERY CERTIFICATE, ETC.

COMPANY OR CORPORATE NAME(EXACT LEGAL NAME)		DOING BUSINESS AS		TELEPHONE/FAX #
BILLING ADDRESS		CITY	ST	ZIP CODE
SHIPPING ADDRESS (IF MORE THAN ONE, ATTACH SEPARATE LIST)		CITY	ST	ZIP CODE
PURCHASING CONTACT	ACCOUNTS PAYABLE CONTACT	CONTROLLER		
PURCHASE ORDER REQUIRED YES___ NO___		AUTHORIZED PURCHASER		

TYPE OF ORGANIZATION:

CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP

YEAR OF INCORPORATION\_\_\_\_\_ ENTER YEAR STARTED\_\_\_\_\_ ENTER YEAR STARTED\_\_\_\_\_

ARE YOU A SUBSIDIARY: \_\_\_\_\_ OR DIVISION: \_\_\_\_\_ IF YES CHECK APPROPRIATE BOX AND ENTER THE FOLLOWING:

PARENT COMPANY\_\_\_\_\_ TELEPHONE:\_\_\_\_\_

ADDRESS:\_\_\_\_\_ CITY/ST/ZIP:\_\_\_\_\_

ENTER THE NAMES OF OFFICERS, PARTNERS, PRINCIPALS OR PROPRIETORS, AS APPROPRIATE:

NAME	HOME ADDRESS	HOME PHONE	POSITION

After completing this application for credit, please fax to (770) 446-5311

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AUTHORIZED INDIVIDUAL (PRINT NAME) SIGNATURE TITLE DATE

**After completing this application for credit, please fax to (770) 446-5311**

**PLEASE NOTE-WE CANNOT PROCESS YOUR APPLICATION WITHOUT THIS SIGNED AUTHORIZATION, YOU MAY ATTACH AN OPEN LETTER OF CREDIT, BUT THIS APPLICATION MUST BE SIGNED BEFORE ANY PROCESSING CAN BEGIN.**

NAME		TELEPHONE/FAX #		
ADDRESS		CITY	ST	ZIP
CONTACT PERSON		DATE OPENED		

TYPE OF ACCOUNT

CHECKING ACCOUNT #	SAVINGS ACCOUNT #	LOAN ACCOUNT#
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TRADE REFERENCES

*LIST THREE FIRMS WITH WHOM YOU HAVE AN OPEN AND ACTIVE ACCOUNT, EXCLUDING FUEL COMPANIES*

NAME		TELEPHONE/FAX #		
ADDRESS		CITY	ST	ZIP
CONTACT PERSON		DATE OPENED		

NAME		TELEPHONE/FAX #		
ADDRESS		CITY	ST	ZIP
CONTACT PERSON		DATE OPENED		

NAME		TELEPHONE/FAX #		
ADDRESS		CITY	ST	ZIP
CONTACT PERSON		DATE OPENED		

**IF YOU HAVE THIS INFORMATION AVAILABLE ON AN OPEN LETTER OF CREDIT, YOU MAY SUBMIT IT IN SUBSTITUTION OF THIS PAGE, AS LONG AS WE HAVE A COMPLETED FRONT PAGE WITH AUTHORIZED SIGNATURE, AND A SIGNED LETTER AUTHORIZING RELEASE OF INFORMATION.**

