

Key Bellevilles Inc. Credit Application

Are you a publically traded company? _____ What is your company's trading symbol? _____

A. Company information _____ US. Other _____

Full Legal Name / Business Entity _____ Phone # _____ Fax # _____

Doing Business As (DBP) if different from above _____

Business Street Address : (NO P.O. Box s please) _____ City _____ State _____ Zip _____

Billing Address (if different from above) _____ City _____ State _____ Zip _____

Company Type: Proprietorship Partnership Corporation Other Business Location Commercial Building Residential Home

No. of Employees _____ Year Business Established _____ Annual Sales _____ Type of Business _____

Federal Tax ID _____ State of Incorporation _____ State Tax Exempt # (attach copy of exemption certificate) _____

E-Mail Addresses _____ Website Address _____ Anticipated Monthly Sales _____

B. Owner or Responsible Officer Information

(1) Full Name _____ Title _____ Social Security # _____

C. Trade Credit Reference: Complete only if you are requesting terms. No Trade Info Required for Publically Traded Companies.

Company Name _____ Phone # _____ Fax# _____ Account # _____

Address _____ City _____ State _____ Zip _____

Company Name _____ Phone # _____ Fax # _____ Account # _____

Address _____ City _____ State _____ Zip _____

Company Name _____ Phone # _____ Fax# _____ Account # _____

Address _____ City _____ State _____ Zip _____

Bank Name Branch _____ Acct# _____

Contact Person _____

Phone Number _____

MUST ATTACH BANK INFORMATION REQUEST FORM

D. CREDIT AGREEMENT

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature/Title (Sign only if you are requesting terms or pre-payment by check) _____ Date _____

Please return this credit application to Key Bellevilles' credit department by email, fax or mail and allow several business days to process.

KEY BELLEVILLES INC. CONTACT INFORMATION

Mailing Address:
Key Bellevilles Inc.
Attention Credit Department
100 Key Lane
Leechburg, PA. 15656-9531
U.S.A.

www.keybellevilles.com

Telephone: 724-295-5111
Fax: 724-295-2570
U.S. Country Code:1
Toll Free: 1-800-245-3600
Toll Free Fax: 1-800-847-1672

Email: sales@keybellevilles.com