CREDIT APPLICATION



BILLING ADDRESS:			
	COUNTY:		
STREET ADDRESS:			
	COUNTY:		
PERSON COMPLETING APPLICATION:		PHONE:	
ACCOUNTS PAYABLE CONTACT:			
	BLISHED:TYPE		
	PARTNERSHIP		
ARE YOU TAX EXEMPT?	IF YES PLE	ESE ATTACH SC FOF	RM ST-8 OR ST-8A
ARE PURCHASE ORDEF	R NUMBERS REQUIRED?	MONTHLY ST	ATEMENTS?
DO YOU PREFER INVOIC	CES FAXED OR EMAILED? FA	AX NUMBER:	
	CIAL REQUIREMENTS CONC		COUNT:
TRADE REFERENCES:			
NAME: ADDRESS:			
PHONE:	FA:	X:	
NAME:			
		< :	
NAME:			
	FA>	······································	
111014L	гал	··	

TERMS AND CONDITIONS

- 1. Terms are Net 30 days, unless otherwise approved in writing.
- 2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
- 3. Account holder will be responsible for any and all collection or attorney fees necessary to collect payment of charges on this account.

In signing below, I acknowledge, accept and agree to the above terms and conditions. I verify that all information provided on the credit application is true and correct. I authorize Charleston Rubber & Gasket to investigate the references provided as to substantiate our company's financial responsibility.

COMPANY NAME:	
SIGNATURE:	
TITLE:	DATE:
ALL INFORMATIO	ON PROVIDED IS CONFIDENTIAL
Charlestor	n Rubber & Gasket Co Inc
PO Box 90187 Charleston SC 29410	1024 Bankton Circle Hanahan SC 29410
Phone: 843-74	47-5738 Fax: 843-744-2893
accour	nting@chasragco.com

ACCOUNT NUMBER	ENTERED BY
SALESMAN NUMBER	CREDIT LIMIT