

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

DATE			
COMPANY NAME		PHONE	
DOING BUISNESS AS		FAX	
BUSINESS ADDRESS		CELL PHONE	
BUSINESS CITY, STATE, ZIP		TAX EXEMPT #	
CURRENT OWNERSHIP LENGTH		D&B RATING	
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORP.			
PRINCIPAL'S NAME		TITLE	
HOME ADDRESS		HOME PHONE	
HOME CITY, STATE, ZIP			

### BANK REFERENCE

NAME		CONTACT	
ADDRESS			
CITY, STATE, ZIP CODE		PHONE	

### TRADE REFERENCES (ONLY LIST COMPANIES WITH WHOM YOU HAVE CREDIT)

COMPANY NAME		PHONE	
ADDRESS		FAX	
CITY, STATE, ZIP CODE		ACCOUNT NUMBER	
COMPANY NAME		PHONE	
ADDRESS		FAX	
CITY, STATE, ZIP CODE		ACCOUNT NUMBER	
COMPANY NAME		PHONE	
ADDRESS		FAX	
CITY, STATE, ZIP CODE		ACCOUNT NUMBER	
COMPANY NAME		PHONE	
ADDRESS		FAX	
CITY, STATE, ZIP CODE		ACCOUNT NUMBER	

### PERSONAL GUARANTEE

In consideration of credit being extended by Orman Inc. to the above name applicant, the undersigned guarantor(s) each contact and and guarantee to Orman Inc. the faithful payment, when due, of all accounts of this applicant for the next five years from the date of application. The undersigned guarantor(s) each expressly waive all notices of extension of credit to applicant, presentment or demand for payment and any notice of default by applicant and all other notices guarantor(s) might otherwise be entitled. Revocation of guarantee shall be in writing and delivered by certified mail to Orman Inc.

### SIGNATURES

SIGNATURE		SIGNATURE	
PRINT NAME		PRINT NAME	

**PLEASE FILL OUT AS COMPLETE AS POSSIBLE, PRINT, SIGN AND FAX TO (215) 336-5755**