

**NATIONAL CHAIN GROUP**55 ACCESS RD., WARWICK, R.I. 02886
TEL. 401-732-6200 FAX 401-738-1684**CREDIT APPLICATION**

CUSTOMER NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: _____ BUYER'S NAME: _____
 PRINCIPLE'S NAME: _____ SS# _____
 ADDRESS _____ CITY: _____ STATE: _____
 ACCOUNT PAYABLE/BOOKKEEPER'S NAME: _____
 Are you listed in J.B.T.? _____ Are you Incorporated? _____
 Number of years in Business _____ Credit limit needed _____
 Do you carry full insurance? _____
 Will you provide an up-to-date Financial Statement _____ (if so please forward)

PLEASE FILL IN COMPLETE INFORMATION REQUESTED

- Trade references (MA & RI Manufacturers desired) if not your biggest three

- 1.) Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Person to Contact _____
- 2.) Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Person to Contact _____
- 3.) Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Person to Contact _____

BANK REFERENCE

Bank Name _____ Account Number _____
 Street Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Person to Contact _____

I Agree to pay all service charges at 1 1/2% per month if my account becomes delinquent. If I do not pay service charges and my account becomes delinquent, I understand that my terms may be put on a proforma basis.

We have the right to investigate your credit for the Corporation, Partnership and for the principals of any company seeking credit with our company. We also have the right to report the way you pay this account to credit bureaus and other parties who may lawfully receive such information.

Signed,

PRINCIPLE OF COMPANY

Date _____



55 Access Road, Warwick, Rhode Island 02886 U.S.A. (401) 732-6200 Fax (401) 738-1684 www.natchain.com

To Whom It May Concern:...

Due to the fact that all banks are now requiring a signature before releasing any credit information, we are asking you to sign below to have your bank release your credit information. Thank you for your cooperation with this matter.

I, _____ am authorizing
_____ Bank to release my credit information
to the National Chain Group.

Authorized Signature