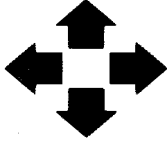


**CREDIT APPLICATION**



**CROSS**  
C O M P A N Y

1500 Farmer Rd, Bldg J  
Conyers, GA 30012  
Phone: (770) 929-8441  
Fax: (770) 929-8278

Cross Contact \_\_\_\_\_

**CUSTOMER INFO, PLEASE FILL OUT COMPLETELY**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Business Started \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Corporation \_\_\_\_\_  
Partnership \_\_\_\_\_  
Proprietorship \_\_\_\_\_  
Officers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parent Company \_\_\_\_\_

**REFERENCES (Complete Information)**

Name \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

**Attaching a page of credit references is acceptable; however, an authorized signature on our credit application is required. Customer info must be filled out or application cannot be processed.**

**Terms of Sale:**

**All invoices will be faxed, and are due and payable Net 30 Days from date of invoice.**

Fax number for invoices \_\_\_\_\_

As a condition of sales agreement, a monthly finance charge of 1 1/2% will be added to delinquent accounts.

All claims for which we may be responsible must be made within 30 days from the date material is received. Do not return goods without authorization to return.

Applicant understands and agrees to meet Cross' Terms-of-Sale, to pay service charges assessed and to pay reasonable attorney fees in event of default.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Must be signed by Officer of Company

TITLE \_\_\_\_\_

**Please include appropriate tax exemption certificate if applicable**