

*Instructions: Please complete all sections, print, sign and return to process.

CREDIT APPLICATION

FALCON TECHNOLOGIES, INC.

2631 Metro Blvd

Maryland Heights, Mo. 63043-2411

PHONE #: 314-994-9066 FAX #: 314-994-7554

Sales Rep _____

ISR _____

PLEASE COMPLETE ALL SECTIONS

WEBSITE: _____

COMPANY NAME: _____ PHONE #: () _____

FAX #: () _____

BILLING ADDRESS:

SHIPPING ADDRESS: (If different than billing address)

ACCOUNTS PAYABLE CONTACT: _____ E-MAIL: _____

CHOOSE ONE:

_____ CORPORATION _____ LLC _____ PROPRIETORSHIP _____ PARTNERSHIP

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

ARE YOU EXEMPT FROM STATE SALES TAX?

ARE PURCHASE ORDER NUMBERS REQUIRED?

_____ NO _____ YES

_____ YES _____ NO

IF YES, PLEASE PROVIDE A SIGNED 149 OR TAX EXEMPTION FORM

PRINCIPLE OWNERS/STOCKHOLDERS

NAME _____ TITLE _____

HOME ADDRESS _____ PHONE _____

NAME _____ TITLE _____

HOME ADDRESS _____ PHONE _____

BANK REFERENCE _____ ACCT. NO. _____

ADDRESS: _____ PHONE NUMBER () _____

CREDIT REFERENCES (LIST 4) FAX NUMBER () _____

COMPANY ACCOUNT # ADDRESS PHONE #

I AUTHORIZE FALCON TECHNOLOGIES INC. TO OBTAIN ANY INFORMATION FROM THE REFERENCES I PROVIDE.

I PERSONALLY GUARANTEE PAYMENT OF ANY PURCHASES MADE AT FALCON TECHNOLOGIES, INC.

SIGNED BY: _____ TITLE: _____

(PERSON RESPONSIBLE FOR FINANCIAL LIABILITY)

PRINT NAME _____ DATE: _____

OFFICE USE DATE: _____ TERMS: _____ CREDIT LIMIT _____