

# Application For Credit

Confidential



Cypress Distributors, Inc.

| Billing Information (If affiliate/subsidiary, indicate Parent Company) |                                       |                                       |                                 |
|--|---------------------------------------|---------------------------------------|---------------------------------|
| Registered Business Name:  |                                       |                                       |                                 |
| Doing Business AS (DBA): If the same as above indicate "same"          |                                       |                                       |                                 |
| Invoice/Billing Address:   |                                       |                                       |                                 |
| City:  | Province/State:                       | Postal/Zip Code:                      |                                 |
| Principals (Partners/Owners/Officers)                                  |                                       | Title:                                |                                 |
| Phone/Ext:   | Mobile:                               | FAX:                                  |                                 |
| Controller/A/P Contact:  | Phone/Ext.:                           | FAX:                                  |                                 |
| BIN No (Canada):   |                                       | FED ID No/IRS NO (USA):               |                                 |
| Dunn Bradstreet:   |                                       | Business Established (month/year):    |                                 |
| Sole proprietorship: <input type="checkbox"/>                          | Partnership: <input type="checkbox"/> | Corporation: <input type="checkbox"/> | Other: <input type="checkbox"/> |
| Special Billing Instructions:  |                                       | Requested Credit Limit:               |                                 |

| Business/Trade References |      |         |
|---------------------------|------|---------|
| Company Name:             |      |         |
| Phone:                    | FAX: | E-Mail: |
| Company Name:             |      |         |
| Phone:                    | FAX: | E-Mail: |
| Company Name:             |      |         |
| Phone:                    | FAX: | E-Mail: |

| Business Banking Information       |                 |                  |
|------------------------------------|-----------------|------------------|
| Name of Bank:                      |                 |                  |
| Address:                           |                 |                  |
| City:                              | Province/State: | Postal/Zip Code: |
| Contact:                           | Phone:          | FAX:             |
| Branch, Institution No/Routing No: |                 | Account No:      |

| Authorized Officer(s) |               |
|-----------------------|---------------|
| Name (print):         | Name (print): |
| Title:                | Title:        |
| Signature:            | Signature:    |

Complete and FAX to (714) 693-7757