Corporate Headquarters
795 Marshall Avenue
PO Box 1099
Williston, VT 05495
802-658-1700
802-862-6076 fax

Southern New England Branch
65 Leicester Street
N. Oxford, MA 01537
508-499-1950
508-499-1955 fax

Central New York Branch
751 County Route 37
Central Square, NY 13036
315-676-2008
315-676-2422 fax

Eastern Pennsylvania Branch
7096 Carlisle Pike
Carlisle, PA 17015
717-795-0700
717-795-0701 fax

CREDIT APPLICATION

BUSINESS NAME_____DATE_____

ADDRESS_____CITY/STATE/ZIP_____

TELEPHONE_____FAX_____E.MAIL_____

SOLE PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORATION ( )

COMPLETE THE FOLLOWING IF SOLE PROPRIETORSHIP:

OWNER'S NAME_____ CITY/STATE/ZIP_____

ADDRESS_____ HOME PHONE_____

COMPLETE THE FOLLOWING IF PARTNERSHIP OR CORPORATION:

NAME_____ NAME_____

TITLE_____ TITLE_____

ADDRESS_____ ADDRESS_____

PHONE_____ PHONE_____

PLEASE USE SEPARATE SHEET FOR ADDITIONAL PARTNERS GIVING SAME INFORMATION AS ABOVE

ALL APPLICANTS COMPLETE THE FOLLOWING:

TYPE OF BUSINESS_____ DATE STARTED/INCORPORATED_____

IS BUSINESS TAX EXEMPT? Y ( ) N ( ) STATE SALES TAX NUMBER_____
(COPY OF TAX EXEMPT CERTIFICATE IS REQUIRED)

FEDERAL ID NO./SOCIAL SECURITY NO._____WILL PURCHASE ORDERS BE ISSUED? Y ( ) N ( )

CREDIT LIMIT REQUESTED_____

PLEASE LIST THOSE AUTHORIZED TO SIGN _____

_____

PLEASE COMPLETE REVERSE SIDE, SIGN AND RETURN TO CRW

WE REQUIRE FAX NUMBERS FOR ALL REFERENCES. MOST VENDORS WILL ONLY RESPOND TO INQUIRIES BY FAX... PLEASE CALL YOUR VENDOR FOR HIS FAX SHOULD YOU NOT HAVE IT.

BANK NAME_____ BANK NAME_____
ADDRESS_____ ADDRESS_____
CITY/STATE/ZIP_____ CITY/STATE/ZIP_____
PHONE_____ FAX_____ PHONE_____ FAX_____
ACCOUNT NUMBER_____ ACCOUNT NUMBER_____

TRADE NAME_____ TRADE NAME_____
ADDRESS_____ ADDRESS_____
CITY/STATE/ZIP_____ CITY/STATE/ZIP_____
PHONE_____ FAX_____ PHONE_____ FAX_____
ACCT NUMBER_____ ACCT NUMBER_____
CONTACT NAME_____ CONTACT NAME_____

TRADE NAME_____ TRADE NAME_____
ADDRESS_____ ADDRESS_____
CITY/STATE/ZIP_____ CITY/STATE/ZIP_____
PHONE_____ FAX_____ PHONE_____ FAX_____
ACCOUNT NUMBER_____ ACCOUNT NUMBER_____
CONTACT NAME_____ CONTACT NAME_____

1. **CREDIT LIMIT.** Your credit limit will be set by us when your application is approved and from time to time thereafter you may request a limit, which we will review, based upon available credit information. You agree not to permit the total amount owing to us to exceed your credit limit. In the event you exceed your credit limit, the excess shall become immediately due and payable at our option, to the extent permitted by applicable law and shall be subject to the terms of the Agreement.
2. **FINANCE CHARGE.** You agree to pay a FINANCE CHARGE for each monthly billing cycle. You will not have to pay a FINANCE CHARGE for a billing cycle if: you make payments or receive credits before the Payment Due Date on your last billing statement, and they total at least the New Balance on that statement.
3. **DEFAULT.** If you fail to make any payment as agreed and continue not to make payments after receiving any notice that may be required by the law or your state, if you file for bankruptcy, or if you die, we have the right to demand immediate payment of the full unpaid balance on your Account, and suspend or terminate your privilege to charge new amounts to your Account without notice.
4. **COLLECTION COSTS.** Should we incur court costs in collecting past due amounts on your account, you will pay those costs including reasonable attorney's fees, as permitted by state law.
5. **RETURNED CHECK FEE.** Should we incur costs in depositing your check(s) for amounts due on your Account, then we may charge your Account a reasonable returned check fee for each such returned check to the extent permitted by applicable law.
6. **ALL RETURNS.** Returns are subject to a 15% charge, at our discretion.
7. **QUESTIONS.** If you have any billing or other inquiries about your Account, you can write to CRW Corp., at the address on your monthly billing statement or call (802) 658-1700. You understand that a telephone inquiry will not preserve your rights to dispute billing errors under federal and state law.

BY SIGNING BELOW, YOU AGREE TO ALL OF THE TERMS OF THIS AGREEMENT AS WELL AS ALL TERMS AND CONDITIONS OF SALES AND RENTAL CHARGES AND YOU ACKNOWLEDGE THAT YOU HAVE READ THIS AGREEMENT.

SIGNED_____ TITLE_____

PRINT NAME_____ DATE_____