



INDIANA PRECISION GRINDING, INC.

CREDIT APPLICATION FOR A BUSINESS ACCOUNT**BUSINESS CONTACT INFORMATION**

Title:		Contact:	
Company Name:			
Phone:	Fax:	Email:	
Registered company address:			
City:		State:	ZIP Code:
Date Business Commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:			
City:		State:	ZIP Code:
How Long At Current Address?			
Telephone:	Fax:	Email:	
Bank Name:			
Bank Address:		Phone:	
City:		State:	ZIP Code:

BUSINESS / VENDOR / TRADE REFERENCES

Company Name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Company Name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Company Name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	

AGREEMENT

1. All invoices are to be paid within the agreed upon terms.
2. Claims arising from invoices must be made within seven working days.
3. Customer will be liable for all collection, lawyer and court cost fees.
4. By submitting this application, you authorize Indiana Precision Grinding, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:		Title:	
Date:		Date:	