

CAPITAL TAPE COMPANY

4920 Commerce Parkway

Cleveland, OH 44128

Phone: 1-888-888-TAPE (8273)

Fax: 216-292-3435

APPLICATION FOR CREDIT

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

OFFICERS:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Business Type: Individual____ Partnership____ Corporation____ Sole Proprietorship:____

Nature of Business: _____

REFERENCES:

Company: _____ Acct#: _____

Phone: _____ Fax: _____ Contact: _____

Company: _____ Acct#: _____

Phone: _____ Fax: _____ Contact: _____

Company: _____ Acct#: _____

Phone: _____ Fax: _____ Contact: _____

Company: _____ Acct#: _____

Phone: _____ Fax: _____ Contact: _____

Applicant warrants that all credit and financial information submitted to Capital Tape Company herewith or at any other time is true and correct in all details and complete for the purpose of inducing Capital Tape Company to extend credit to applicant. Applicant acknowledges that submission of this Application for Credit or Capital Tape Company's subsequent approval of this Application does not constitute any obligation by Capital Tape Company to extend credit.

Company Name: _____

By: _____ Title: _____

X _____ (typed or printed signature)

*If you have a standard form to submit, please feel free to use that in place of our form.