

CREDIT APPLICATION



Date _____
Credit Department
Fax (989) 846-9231
Attn: Charyl Beadle

Company _____ Street _____
P.O. Boxes Not Accepted

City _____ State _____ Zip _____ Phone () _____ County _____

Corporation Partnership Individual Fax () _____

Officers', Partners', or Proprietors' Names (include Home Address and Social Security Numbers if a partnership or proprietorship):

Estimated monthly credit requirements from GLOBE \$ _____

In applying for credit with GLOBE, the APPLICANT hereby acknowledges GLOBE'S terms and conditions of sale as contained in GLOBE'S printed price list, including, but not limited to, prompt payment discounts and interest penalties for overdue payments, together with all expenses of collection and reasonable counsel fees incurred by Globe by reason of our default. We hereby give you permission to contact any of our credit references or other interested parties.

INDUSTRY TRADE REFERENCES

Please list current source for sprinklers, pipe, fittings, etc. name of fabricator, etc.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE & FAX
1. _____	_____	_____	_____	_____	T(____)_____ FX(____)_____ _____
2. _____	_____	_____	_____	_____	T(____)_____ FX(____)_____ _____
3. _____	_____	_____	_____	_____	T(____)_____ FX(____)_____ _____
4. _____	_____	_____	_____	_____	T(____)_____ FX(____)_____ _____

Bank reference, address and account number(s):

()
A faxed copy of this Credit Application along with signature will be considered the original.

FED.ID# _____

Authorized Officer's or Owner's Signature

DUNS# _____

DATE STARTED BUSINESS _____

INCOMPLETE & UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

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IMPORTANT: MI, CA, CO, NC, WA, IL, NY, and TX customers tax information:

1. _____ Charge State Tax
2. _____ TaxRate
3. _____ Not Applicable - Exemption Certificate Number (**attach copy**) REV. 5/20/08