

CONFIDENTIAL

YAUN CO. INC.

Main Office: 240 Chestnut Street, Liberty, NY 12754 (845) 292-6400 Fax (845) 292-5118

Initiated by _____

Billing Instructions & Credit Application

Date: _____

The undersigned understands that the following information is being submitted for the purpose of obtaining merchandise on credit and authorizes the investigation of this information.

FAX: () _____

Business Phone: () _____

Name _____ Type or Print exactly as it is to appear on our ledger sheet

Address _____ NUMBER STREET CITY STATE ZIP CODE

Proprietorship Partnership Corporation

Principal owner(s) or officer(s) are:

Table with 4 columns: Name, Title, Resident Address, Resident Phone

Date this business was started _____ 19 _____ Annual Volume \$ _____

From which of our Departments do you plan to purchase? Plumbing Sheet Metal Electric

Would you like a salesman to call? Yes No

TYPE of BUSINESS Metal Shop Mechanical Contractor Heating Contractor Electrician Oil Distributor HVAC Contractor Plumber Industrial User General Contractor Hardware Store Stove Shop Solar Installer Lumber Yard Wholesaler Other

Works from Shop Store Home Number of Employees Office Shop Store

Name of authorized buyer _____ Phone (if different) _____

Amount of credit needed monthly \$ _____ (approximate) Sales Tax Exempt No. Attach Completed Exempt Certificate; otherwise we must charge tax.

Do you require P.O.? Yes No

Will you accept back orders? Yes No Do you require priced packing slips? Yes No

TRADE REFERENCES: Please give full name and FULL address. If no trade references, state business involved with.

Trade: NAME PHONE STREET CITY STATE ZIP

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Trade: NAME PHONE STREET CITY STATE ZIP

Bank: NAME PHONE Acct. No. STREET CITY STATE ZIP

Deliveries made to: NUMBER STREET CITY STATE

Delivery Instructions: _____

The undersigned certifies that the above information to be true and correct in all respects and agrees to all the terms and conditions of sale of Yaun Co. Inc.: agrees to pay for all materials by the end of the month following date of purchase; and consents to pay Yaun Co. Inc. customary service charges in event of failure to pay on time. If this business is incorporated, a L.L.C. or other entity type the undersigned also agrees to assume personal liability for payment. In the event of default of payment, it is hereby agreed that the undersigned shall be responsible for legal fees and court costs.

SIGNATURE: _____ Print or Type Name _____

Social Security No. _____ Date _____ YCC-1

AUTHORIZATION

By signing this application, I authorize Yaun Co. or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Yaun Co. to request and obtain reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Yaun Co. and the marketing of other products and services to me and my business by Yaun Co. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report.

First Name	Initial	Last Name	Social Security Number
Present Home Address			Home Phone Number
City	State		Zip
Authorized Signature			Date

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