

APPLICATION FOR CREDIT

TO AVOID ANY DELAY IN PROCESSING, COMPLETE IN FULL. ALL INFORMATION TO BE HELD IN CONFIDENCE.

BILL TO: SHIP TO:
EXACT NAME: _____ NAME: _____
DIVISION or
SUBSIDIARY: _____ ADDRESS: _____
ADDRESS: _____ CITY: _____
CITY: _____ STATE: _____ ZIP: _____
STATE: _____ ZIP: _____ ATTN: _____
PHONE NO.: () _____ FAX NO.: () _____

GENERAL BUSINESS INFORMATION

TYPE OF BUSINESS _____
ARE YOU SALES and/or USE TAX EXEMPT? ___ NO ___ YES-If yes, please insert your certificate no. below.
CERTIFICATE NO. : _____
D.B.A. ___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION
YEARS IN BUSINESS ___ YEAR OF INC. ___ STATE OF INC. ___ CERTIFICATE NO. ___
OFFICER'S NAME TITLE ACCOUNTS PAYABLE CONTACT

NAME _____
PHONE NO. () _____ EXT. _____

BANK REFERENCE

BANK NAME: _____ OFFICER HANDLING: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE NO. () _____
CHECKING ACCT. NO. _____ SAVINGS ACCT. NO. _____ OTHER _____

BUSINESS CREDIT REFERENCE (LIST MINIMUM OF THREE)

NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.
1) _____	_____	() _____
2) _____	_____	() _____
3) _____	_____	() _____
4) _____	_____	() _____

We certify that all the information on this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____
(Title) _____ Date: _____ 20 _____

A. HERSCHLAG INC.

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