

Please complete and **SIGN** the Reference Authorization Form below.

FINANCIAL:

Bank: _____ Account # _____
Address: _____
Banking Contact Name & Phone: _____

TRADE REFERENCES:

(1) Name: _____ Phone: _____
Address: _____

(2) Name: _____ Phone: _____
Address: _____

(3) Name: _____ Phone: _____
Address: _____

Credit application must be signed by the Customer acknowledging the following statement:

I/we certify the foregoing information to be true and correct. I/we have been advised that the terms of sale are Net 30 Days unless otherwise noted in writing. A service charge of 1.5% per month (18% annual) will be made on any invoices over 30 days past due. I/we further agree to pay any reasonable attorney's fees and costs in the event of a suit to effect collection of monies due.

_____	_____
Officer / Other Authorized Signature	Please Print Name
_____	_____
Title	Amount of Credit Requested

PLEASE FAX BOTH PAGES OF YOUR COMPLETED APPLICATION ALONG WITH A W-9 AND YOUR TAX EXEMPTION CERTIFICATE OR RESALE CERTIFICATE TO: (IF APPLICABLE)

1-708-669-1496 ATTN: Credit Manager

If you have questions regarding this form, please do not hesitate to contact Carstens Accounting Department at 1-800-325-6222 or your Carstens Authorized Independent Consultant.

For Interoffice Use Only:

_____	_____
Credit Approved By	Date Processed