

APPLICATION FOR CREDIT WITH StoneTrends, LLC

Company			Years in Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		
Billing Address			Business activity and principal products		
Ship to Address					
City	State	ZIP	Credit line requested	Payment Terms requested	
Phone () -			Bank	Phone	
FAX () -			Bank Officer	Account Number	
Email			Credit Card Number	Expiration	
Owner(s)			<i>For Internal Use Only:</i>		
Manager					
A/P Contact					

PLEASE LIST THREE COMPANIES WITH WHOM YOU ARE PRESENTLY DOING BUSINESS

Name	City	State	Phone	FAX
Name	City	State	Phone	FAX
Name	City	State	Phone	FAX

Signature of Owner or Officer	Title	Date
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For Internal Use Only:

Credit Department Approval	Date	Management Approval	Date
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