



P O Box 58
 108 A Erickson Ave
 Essington, Pa. 19029

Phone Number: 610-521-9100
 Fax Number: 610-521-6096

CREDIT APPLICATION

Business Name _____
 Address _____ CITY _____ STATE _____ ZIP _____
 Phone _____ Fax _____ Email _____
 A/P Contact _____ In Business Since _____
 Corporation Partnership Proprietorship Other
 EIN _____ DUNS _____

PRINCIPALS:

(1) Name _____ Title _____ Address _____
 (2) Name _____ Title _____ Address _____
 (3) Name _____ Title _____ Address _____

BANK _____ BANK ACCOUNT# _____
 Bank Contact _____ PHONE _____ FAX _____

TRADE REFERENCES:

(1) COMPANY _____ ADDRESS _____
 CONTACT PERSON: _____ PHONE _____ FAX _____
 (2) COMPANY _____ ADDRESS _____
 CONTACT PERSON: _____ PHONE _____ FAX _____
 (3) COMPANY _____ ADDRESS _____
 CONTACT PERSON: _____ PHONE _____ FAX _____

CONFIRMATION OF INFORMATION AND RELEASE OF AUTHORITY FOR US TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Benchmark Export Services in determining the amount and conditions of credit to be extended. If credit is granted, we agree to pay all bills when due. In the event payment is not made and this account is referred to collections, we promise to pay all costs of collection. Further, I hereby authorize the bank and trade references listed in this credit application to release information necessary to assist Benchmark Export Services in establishing a line of credit.

Signature _____ Printed Name _____ Title _____ Date _____

TERMS: IF CREDIT IS APPROVED, NET 30 DAYS FROM DATE OF INVOICE, UNLESS OTHERWISE STATED