



12300 Old Tesson Rd, Suite 400-D, St. Louis, MO 63128 USA
 Phone: 314-487-7600 Fax: 314-487-0100 Toll-free: 1-800-454-7159

**CONFIDENTIAL APPLICATION
 FOR COMMERCIAL CREDIT**

*All Information is
 Mandatory for Credit Approval*

I hereby make an application for commercial credit purchases from Beacon Industries, Inc. and in support of said application make the following statements:

INVOICE TO:

SHIP TO: (If other than mailing address)

Name _____
 Address _____
 City/State/Zip _____
 Phone/Fax _____

Name _____
 Address _____
 City/State/Zip _____
 Phone/Fax _____

GENERAL INFORMATION	OWNERSHIP (✓one)	ORGANIZATION TYPE	
Federal ID# _____	Sole Proprietor _____	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Agriculture
State Tax# _____	Partnership _____	<input type="checkbox"/> Construction	<input type="checkbox"/> Consulting
Tax Exempt? Yes _____ No _____	Corporation _____	<input type="checkbox"/> Dealer	<input type="checkbox"/> Distributor
Resale Account Yes _____ No _____	Owners/Officers _____	<input type="checkbox"/> Engineering	<input type="checkbox"/> Electrical Dist.
P.O. Required? Yes _____ No _____		<input type="checkbox"/> Education	<input type="checkbox"/> Entertainment
Years in Business _____		<input type="checkbox"/> Fire / Rescue	<input type="checkbox"/> Food Processing
Credit Requested _____		<input type="checkbox"/> Government	<input type="checkbox"/> Import/Export
Persons Authorized for Purchases _____		<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing
		<input type="checkbox"/> Publication	<input type="checkbox"/> Oil Refining/Prod.
		<input type="checkbox"/> Utility	<input type="checkbox"/> Service
		<input type="checkbox"/> Rental	<input type="checkbox"/> Other _____

BANKING

Name _____
 City, State _____
 Acct. No. _____
 Phone / Fax _____

***Please include a copy of your sales tax license or tax exempt certificate with the application.**

3 CREDIT REFERENCE WITH FAX NUMBERS REQUIRED

Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
City/State/Zip	City/State/Zip	City/State/Zip
_____	_____	_____
Phone / Fax	Phone / Fax	Phone / Fax
_____	_____	_____

I understand and agree that should credit be extended, **all payments are due on or before 30 days from date of invoice** and each payment or sum past due shall bear a finance charge, consisting of 1.5% interest per month (18% APR), but in no event to exceed the legal lending rate. I hereby certify that all statements herein are correct. Our Company accepts liability for this account and agree to pay all costs, including reasonable attorney's fees, required by you for collection should this credit come in default.

Signed _____ **Owner** _____ **Date** _____