

GORE'S PROCESSING, INC.

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary billing address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Federal ID Number

Sales Tax Exemption Number

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices will be billed at the end of each month and are due within 30 days of statement date.
2. Late fees will be charged at 1.5% per month.
3. By submitting this application, you authorize Gore's Processing, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: