## ALABAMA SCALE & INSTRUMENT, INC. CONFIDENTIAL CREDIT APPLICATION

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| BILLING INFORMATION                            |   |                     |                                       |  |      |  |
|--|---|---------------------|---------------------------------------|--|------|--|
| BUSINESS NAME: MAILING ADDRESS CITY, STATE ZIP |   | CITY, STATE         |                                       |  |      |  |
| PHONE  |   | _ FAX               |                                       | WEB  |      |  |
| PURCHASE ORDERS                                | REQUIRED? YES / NO  | TAX EXEMPT? YES     | / NO (IF YES ATTAC                    | CH CERTIFICATE)  |      |  |
| GENERAL INF                                    | ORMATION  |                     |                                       |  |      |  |
| DATE BUSINESS CO                               | MMENCED:  | _ TYPE OF BUSINESS_ |                                       | # OF EMPLOYEES   |      |  |
| BUSINESS                                       | STATE OF INCORPORATI  | ON:                 | YEAR:                                 | EAR: D & B NUMBER RATING   |      |  |
| TYPE  □ CORPORATION                            | $STATE\ NAMES,\ HOME\ ADDRESSES,\ HOME\ PHONE\ NUMBERS\ OF\ CORP\ OFFICERS\ /\ PARTNERS\ /\ PROPRIETOR$ |                     |                                       |  |      |  |
| □ PARTNERSHIP                                  |   |                     |                                       |  |      |  |
| ■ PROPRIETERSHIP                               | ,   |                     |                                       |  |      |  |
|  |   |                     |                                       |  |      |  |
| TRADE REFER                                    | RENCES  |                     |                                       |  |      |  |
| SUPPLIER                                       |   | ADDRESS             |                                       | TELEPHONE ( )  |      |  |
|  |   |                     |                                       | FAX ( )  |      |  |
| SUPPLIER                                       |   | ADDRESS             |                                       |  |      |  |
|  |   |                     |                                       | FAX ( )  |      |  |
|  |   |                     |                                       | The Property of the Control of the C |      |  |
| SUPPLIER                                       |   | ADDRESS             |                                       | TELEPHONE ( )<br>FAX ( )   |      |  |
|  |   |                     |                                       |  |      |  |
| BANKING REF                                    | ERENCES   |                     |                                       |  |      |  |
|  |   |                     |                                       |  |      |  |
|  |   |                     |                                       |  |      |  |
| NAME OF BANK                                   |   | BANK OFFICER        |                                       |  |      |  |
| LOCATION                                       |   | TITLE / PHO         | TITLE / PHONE NUMBER                  |  |      |  |
| LOCATION                                       |   | THEE/THO            | THEE/THOME NOMBER                     |  |      |  |
| TEDMS OF SA                                    | LE AND PERSONAL   | CHADANTV            |                                       |  |      |  |
|  |   |                     |                                       |  |      |  |
| CER AND OR OW                                  |   | COMPANY AND HAV     | E THE AUTHORITY                       | CORRECT. I FURTHER CERTIFY THAT I AM<br>Y TO OPEN THIS ACCOUNT. I PERSONALLY<br>IS:  |      |  |
| ALL OVERDUE A<br>COSTS RELATED                 | CCOUNTS. CUSTOMER<br>TO THE COLLECTION (  | IS RESPONSIBLE FOR  | R ANY AND ALL CO<br>ΓΙΤLE OF ALL PURO | RGE OF 1.5% (18% ANNUAL) WILL BE CHA<br>DLLECTION FEES, ATTORNEY FEES AND CO<br>CHASES SHALL REMAIN WITH ALABAMA S<br>FEES ARE PAID IN FULL.   | DURT |  |
| X  |   |                     | X                                     |  |      |  |
| SIGNATURE                                      |   |                     | PRINTED NAME                          |  |      |  |
|  |   |                     |                                       |  |      |  |
| TITLE  |   |                     | DATE                                  |  |      |  |