



ZIP INDUSTRIAL PRODUCTS CORP
 6550 CAMPBELL BLVD
 LOCKPORT, NY 14094
 PH 716-625-8500 FAX 716-625-6937
 E-MAIL. klzip@adelphia.net
 OH 216-362-1990 FAX 216-362-1993

Application for Open Credit
Account

Business Name _____ Phone # _____
 Mailing Address _____ Fax # _____
 Federal Tax ID# _____
 Street Address _____ Type of Business _____
 (if different) _____ Years in Business _____
 Credit Limit Requested \$ _____
 Order/Quote Amount \$ _____

Ownership: Single Owner Partnership Corporation Other (please specify) _____

Owner's/ Officers' Information:

_____ (NAME)	_____ (TITLE)	_____ (SS#)
_____ (NAME)	_____ (TITLE)	_____ (SS#)
_____ (NAME)	_____ (TITLE)	_____ (SS#)

Accounts Payable Contact: _____ A/P Phone: _____

Trade References: If you do not have a current fax number, please indicate and list a phone number

_____ (Supplier Name)	_____ (Address)	_____ (Fax #)	_____ (Account #)
_____ (Supplier Name)	_____ (Address)	_____ (Fax #)	_____ (Account #)
_____ (Supplier Name)	_____ (Address)	_____ (Fax #)	_____ (Account #)
_____ (Bank Reference)	_____ (Address)	_____ (Fax #)	_____ (Account #)

Agreement:

The applicant agrees to payment terms of 1/2% 10 days, Net 30 days. We reserve the right to charge a 1 1/2% monthly service fee on balances over 45 days. In addition, applicant agrees to pay any collection costs incurred to collect the amount balance in the event that outside collection becomes necessary, including reasonable attorney's fees.

If requested, does the applicant agree to submit a copy of their most current financial statement? YES NO

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct to the best of their knowledge. You are authorized to investigate the credit references listed above.

_____ (Authorized Signature)	_____ (Title)	_____ (Date)
_____ (Authorized Signature)	_____ (Title)	_____ (Date)