



R.F. KNOX COMPANY INC.
4865 Martin Court /P O Box 1337
Smyrna, GA 30081

Tel. 770-434-7401/ Fax 770-433-1783

Thank you for considering R.F. Knox Company, Inc. when your business needs require our expertise.

In order to set up your account, you will need to complete our credit application.

Please complete **all** sections of page one, except the section marked "for office use only." Fax numbers and E-Mail addresses help in expediting the approval of accounts. Also have the appropriate person complete and sign both sections on page two.

Send copy of the credit application along with signed copy of page two acknowledgements to brichey@rfknox.com or fax copies to the attention of the Credit Department (770) 433-1783.

Thank you for doing business with R. F. Knox Company, Inc.



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 Smyrna, Georgia 30081
 Phone: 770-434-7401
 Fax: 770-433-1783
 E-Mail: brichey@rfknox.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

| OFFICE USE ONLY | | | | | | | | | | | |
|------------------------------|--|--|--|--------------|--|-----------------|--|--------------|--|------------------|--|
| Customer Number: | | | | | | | | Date: | | | |
| Credit Limit: | | | | | | | | Approved By: | | | |
| | | | | | | | | Denied By: | | | |
| BUSINESS CONTACT INFORMATION | | | | | | | | | | | |
| R. F. Knox Contact Name: | | | | | | | | | | | |
| Company Name: | | | | | | | | Fed ID# | | | |
| Bill To Add: | | | | | | Ship to Add: | | | | | |
| City: | | | | | | City: | | | | | |
| State: | | | | Zip: | | State: | | | | Zip: | |
| E-Mail: | | | | | | E-Mail: | | | | | |
| Phone: | | | | Fax: | | Phone: | | | | Fax: | |
| Date Business Commenced: | | | | PO Required: | | | | Yes | | No | |
| Sole Proprietorship: | | | | Partnership: | | Corporation: | | | | Other: | |
| Tax Exempt: | | | | No: | | Yes: | | | | If Yes Send Form | |
| BUSINESS /CREDIT INFORMATION | | | | | | | | | | | |
| Bank Name: | | | | | | Contact Name: | | | | | |
| Address: | | | | | | Phone: | | | | Fax: | |
| City: | | | | | | State: | | | | Zip: | |
| Type of Account: | | | | | | Account Number: | | | | | |
| BUSINESS/TRADE REFERENCES | | | | | | | | | | | |
| Company Name: | | | | | | Contact: | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | | | | State: | | | | Zip: | |
| Phone: | | | | Fax: | | E-mail: | | | | | |
| Company Name: | | | | | | Contact: | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | | | | State: | | | | Zip: | |
| Phone: | | | | Fax: | | E-mail: | | | | | |
| Company Name: | | | | | | Contact: | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | | | | State: | | | | Zip: | |
| Phone: | | | | Fax: | | E-mail: | | | | | |
| Company Name: | | | | | | Contact: | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | | | | State: | | | | Zip: | |
| Phone: | | | | Fax: | | E-Mail: | | | | | |

CREDIT TERMS

In consideration of, and in order to induce the company to establish a line of credit based on the foregoing application, the undersigned promises to pay for all sales in accordance with R. F. Knox Company, Inc. terms. If at any time, for any reason, the undersigned is unable to pay for such sales when due, the undersigned agrees to pay and authorizes you to bill our account, interest computed at the rate of one and one half percent per month, not to exceed 18% per year, any past due amount owing on our account. We the undersigned will be in default if we fail to pay for any sales when due, and in the event it becomes necessary for R.F. Knox Company, Inc. to incur collection cost or institute suit to collect any amount due under this agreement or any portion therefore, including reasonable attorneys fees if the account is placed in the hands of an attorney for collection we will be liable for these additional expenses.

| | | | |
|-----------------|--|--------|--|
| YOUR FIRM NAME: | | | |
| SIGNATURE: | | | |
| DATE: | | TITLE: | |

CREDIT RELEASE

The information and statements in this application are true and complete, and are made for the purpose of inducing the company to establish a line of credit. We hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative herein listed or statements or other data obtained by any other person pertaining to my credit and financial responsibility. The undersigned agrees to notify the company of any material change in the condition of our affairs, and this statement of the condition of the undersigned until written notice to the contrary is received by the company.

| | | | |
|-----------------|--|--------|--|
| YOUR FIRM NAME: | | | |
| SIGNATURE: | | | |
| DATE: | | TITLE: | |