## Prairie Labs Inc.

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## APPLICATION FOR CREDIT

Business Address:  Business Phone:  Business Type:  Corp. Sole Proprietorship Partners  Date Business Started:  Inc. FED. ID #  State of Incorporation:  List of Officers/Major Shareholders/Owners/Partners:  Name A:  Title:  Name B:  Title:  Name C:  Title:  Residential Addresses of the Above:  A.  Phone #:  Phone #:  Phone #:  Please Provide Social Security #'s if Sole Proprietorship or of Partners:  #  Business Name of Applicant:  Business Name of Applicant:  Banking References: Check Appropriate Space(s)  Savings Name:  Checking Address:  Loan Phone #:  Contact:  Years:  Account #:  Checking Address:  Checking Address:
Date Business Started: Inc. FED. ID # State of Incorporation: List of Officers/Major Shareholders/Owners/Partners:  Name A: Title: Title: Name B: Title: Title: Phone B: Phone #: #
List of Officers/Major Shareholders/Owners/Partners:       Title:         Name A:       Title:         Name B:       Title:         Name C:       Title:         Residential Addresses of the Above:       Phone #:         A.       Phone #:         B.       Phone #:         C.       Phone #:         Please Provide Social Security #'s if Sole Proprietorship or of Partners:         #       #         Business Name of Applicant:       #         Banking References: Check Appropriate Space(s)         Savings       Name:       Account #:         Checking       Address:         Loan       Phone #:       Contact:       Years:         Savings       Name:       Account #:       Account #:         Checking       Address:       Account #:       Account #:
Name A:
Name B:
Name C:
Name C:
A Phone #: #
B Phone #: C Phone #: Please Provide Social Security #'s if Sole Proprietorship or of Partners:  # # #  Business Name of Applicant:  Banking References: Check Appropriate Space(s)  Savings Name: Account #:  Checking Address: Contact: Years:  Savings Name: Account #:  Checking Address: Account #:
C Phone #:  Please Provide Social Security #'s if Sole Proprietorship or of Partners:  # # #  Business Name of Applicant:  Banking References: Check Appropriate Space(s)  Savings Name: Account #:  Checking Address:  Loan Phone #: Contact: Years:  Savings Name: Account #:
Please Provide Social Security #'s if Sole Proprietorship or of Partners:         #
#
Business Name of Applicant:  Banking References: Check Appropriate Space(s)  Savings Name:  Checking Address:  Loan Phone #:  Savings Name:  Account #:  Contact:  Years:  Checking Address:
Banking References: Check Appropriate Space(s)  Savings
Savings Name:Account #:
Loan
Savings Name: Account #: Checking Address:
Checking Address:
Loan Phone #: Contact: Years:
Trade References:
Name Address Phone #
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3
OUR TERMS ARE NET 15 DAYS FROM STATEMENT DATE  This application for credit is true and correct and constitutes an agreement by applicant to pay for all merchandise received, within terms granted; to pay a Finance Charge of 1.5 % per month on all delinquent account balances; and to pay all costs of collecting delinquent account balances including Collection Agency and Attorney Fees.
Date: Signed: Title: