



ZIRCAR Ceramics, Inc.
P.O. BOX 519 - 100 N. MAIN ST., FLORIDA, NEW YORK 10921-0519
TEL: 845-651-6600; FAX: 845-651-0441; email: sales@zircarceramics.com

CREDIT APPLICATION

PART 1: CUSTOMER INFORMATION

Applicant: Accts Payable Contact:
Billing Address: Title:
Phone:
FAX:
Fed ID#:

Incorporated? Yes: No: Year: State / Country:
If Subsidiary, name and address of parent company:

Nature of business:

Bank name and address:
Contact: Title: Phone:

PART 2: TRADE REFERENCES

Include information on three(3) USA firms which you purchase from in quantities comparable to the level of credit required

Company Name: Contact Name:
Billing Address: Title:
Phone:
FAX:

Company Name: Contact Name:
Billing Address: Title:
Phone:
FAX:

Company Name: Contact Name:
Billing Address: Title:
Phone:
FAX:

PART3: CERTIFICATION & AUTHORIZATION

I, the undersigned, certify that:
I am applying for credit with ZIRCAR Ceramics, Inc (ZCI) and that the above information is correct.
All orders placed with ZCI shall be subject to ZCI's "Terms and Conditions of Sale".
I have read ZCI's "Terms and Conditions of Sale" in its entirety and agree to abide by all its contents.
I grant ZCI permission to conduct a credit investigation.
I have the authority to commit the above named applicant to the terms of this agreement.

NAME (Print): SIGNATURE: TITLE (Print): DATE: