



Ph: 1-800-325-3915 or 573-897-4497 Fax: 1-573-897-4497
200 S. Hwy U., P.O. Box 769
Linn, Missouri 65051

HAVILAND CORPORATION CREDIT APPLICATION

Date: _____

Company Name (doing business as): _____

Street Address: _____

City, State, & Zip: _____

Telephone Nos.: _____

Fax No.: _____

Mailing Address: _____

(if different from above)

Federal E.I.N. (or Social Security No.): _____ Vendor's or Sales Tax License No.: _____

SIC No.: _____

Date business established (year and month): _____

Accounts payable manager: _____

Purchases on credit are permitted at Haviland Corporation's discretion and this credit availability may be terminated at our sole discretion.

Extend of credit we would like Haviland to consider at this time. \$ _____

TRADE REFERENCES: (Names, complete addresses, and telephone and fax numbers of three (3) suppliers with whom you are currently doing business):

(1) _____ Phone #: _____
Fax#: _____ Address: _____

(2) _____ Phone #: _____
Fax#: _____ Address: _____

(3) _____ Phone #: _____
Fax#: _____ Address: _____

BANK AND/OR LENDING INSTITUTION REFERENCES:

Name of Banks: _____

Addresses: _____

Account Nos.: _____

Account Officers: _____

Telephone Nos.: _____

Application for Credit Submitted By (type or print full name):

I hereby permit you to check with the above references:

SIGNATURE