



MILITARY PRODUCTS, INC.

P.O. BOX 4613
PINEHURST, NC 28374

ACCOUNT APPLICATION

BUSINESS CONTACT INFORMATION

Business Name:			<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other _____
Business Trade Name/Assumed Business Name:			
Billing Address:			
City:	State:	Zip Code:	
Contact Name:	Phone No:	Date Established:	State of Organization:
Email Address:	Fax No:	Federal Tax ID:	Tax Exempt:
Accounts Payable Contact:	Phone No:	Credit Line Requested:	DUNS Number:
Email Address:	Fax No:	Number of Employees:	Gross Annual Sales:
Shipping Address (if different from above):		Do you <input type="checkbox"/> Own or <input type="checkbox"/> Lease your place of business?	Number of Years at Present Location:
City:	State:	Zip Code:	Has company ever filled bankruptcy or had a legal collection action filed against it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet.

BUSINESS/TRADE REFERENCES

Company Name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Military Products Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature (Officer, Partner, Owner):	Print Name and Title:	Date: