

Storm Copper Components Co.

Manufacturer of Custom Copper Connectors

240 Industrial Lane, Decatur TN 37322

423-334-4800 FAX 423-334-3389

1. COMPANY INFORMATION

Full Legal Name/Business Entity:	Phone Number:	Fax Number:
Doing Business As (DBA):		
Address/City/State/Zip:		
Company Type (Circle One): Corporation Proprietorship Partnership Other: _____		
General Description/Nature of Business:		

2. BUSINESS CREDIT INFORMATION

Federal Tax I.D. (If Incorporated):	Incorporated in what state?	D & B Account #:
Year Business Established	At Present Location Since:	Name and Phone Number of A/P Contact:

3. BANK REFERENCES

Bank Name:	Account #:	Contact:
Address:	City/State/Zip:	Phone:
Bank Name:	Account #:	Contact:
Address:	City/State/Zip:	Phone:

4. CREDIT REFERENCES

Company Name:	Account #/Contact:	Phone:
Address:	City/State/Zip:	Fax:
Company Name:	Account #/Contact:	Phone:
Address:	City/State/Zip:	Fax:
Company Name:	Account #/Contact:	Phone:
Address:	City/State/Zip:	Fax:

5. PROPRIETOR AUTHORIZATION

By signing this application, I authorize Storm Copper or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Storm Copper to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Storm Copper and the marketing of other products and services to me and my business by Storm Copper. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report.

If multiple owners, each owner must authorize

Owner's First Name:	Initial:	Last Name:	Social Security Number:
Home Address:			Home Phone Number:
City/State/Zip:			
Authorized Signature:			Date:
Owner's First Name:	Initial:	Last Name:	Social Security Number:
Home Address:			Home Phone Number:
City/State/Zip:			
Authorized Signature:			Date:

6. PROPRIETOR GUARANTEE

By signing this application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to Storm Copper required by, the quote supplied by Storm Copper.

Standard Terms Of Sale: Net 30 Days FOB Decatur , TN

If multiple owners, each owner must authorize

Owner's First Name:	Initial:	Last Name:	Social Security Number:
Home Address:			Home Phone Number:
City/State/Zip:			
Authorized Signatures:			Date:
Owner's First Name:	Initial:	Last Name:	Social Security Number:
Home Address:			Home Phone Number:
City/State/Zip:			
Authorized Signatures:			Date: