WIL-LOC, INC.
2150 106TH LANE NE
BLAINE, MINNESOTA 55449-5204

763-717-0535 800-801-0123 763-717-0094 FAX

Thank you for your expressed interest in our products. Please assist us in opening your account by providing us the information requested. We assure you that any information you provide will be held in strict confidence.

CONFIDENTIAL CREDIT APPLICATION

LEGAL NAME OF CUSTOMER_____

MAILING ADDRESS_____CITY_____STATE & ZIP_____

SHIPPING ADDRESS_____ CITY_____STATE & ZIP _____

PREVIOUS ADDRESS IF COMPANY HAS MOVED WITHIN THE LAST 5 YEARS_____

PHONE NO. ( ) _____FAX NO. ( )_____

HOW LONG IN BUSINESS_____ TYPE OF BUSINESS-DESCRIBE_____

TYPE OF ENTITY ( ) SOLE PROPRIETOR ( ) PARTNERSHIP ( ) CORPPORATION ( ) OTHER _____

INCORPORATED? ( ) YES ( ) NO STATE OF INCORPORATION_____YEAR OF INCORPORATION_____

FED. I.D. #_____ D-U-N-S #_____

NAME AND TITLE OF OWNER(S) OR AUTHORIZED OFFICER(S) OF CORPORATION. (PROVIDE HOME ADDRESS, ZIP CODE, AND SOCIAL SECURITY # FOR PROPRIETORSHIP OR PARTNERSHIP)

_____

_____

BANKING REFERENCE

BANK NAME_____ ACCOUNT #_____NAME OF OFFICER_____

ADDRESS_____CITY_____STATE_____ZIP CODE_____

SUPPLIER REFERENCES

PLEASE PROVIDE THREE TRADE SUPPLIER REFERENCES YOU HAVE DONE BUSINESS WITH IN THE LAST 6 MONTHS

	NAME OF COMPANY	ADDRESS	STATE	PHONE/FAX #'S
1.				( )_____
				( )_____
2.				( )_____
				( )_____
3.				( )_____

TERMS OF AGREEMENT

IN CONSIDERATION OF OPENING A LINE OF CREDIT WITH WIL-LOC, INC., IT IS AGREED THAT WE WILL PAY ALL SUMS WHEN DUE AND ACCORDING TO THE TERMS STATED ON WIL-LOC'S INVOICE. ACCOUNTS BEYOND 31 DAYS ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH.

STATEMENTS? ( ) YES ( ) NO

TAX EXEMPT? ( ) YES, # _____ (TAX WILL BE CHARGED UNTIL CERTIFICATE FURNISHED)

I AUTHORIZE YOU TO CONTACT REFERENCES AND TO OBTAIN INFORMATION FROM OUTSIDE SOURCES. SIGNATURE BELOW VERIFIES ALL INFORMATION TO BE CORRECT AND INDICATES AGREEMENT WITH TERMS SET FORTH ABOVE.

DATE_____SIGNATURE OF PRINCIPAL OR OWNER_____TITLE_____
PRINT NAME_____