Vermont

Miles Supply, Inc. 143 Boynton St. Barre, VT 05641 800-396-8049 Fax: 802-476-3954

Georgia

Miles Supply, Inc. 1599 Hartwell Hwy Elberton, GA 30635 888-283-5863 Fax: 706-213-1790

Pennsylvania Miles Supply, Inc

Miles Supply, Inc. 96 Ellsworth Dr. Montrose, PA 18801 888-278-8383 Fax: 570-278-0436

Minnesota

Miles Supply, Inc. PO Box 64 Rockville, MN 56369 800-789-0815 Fax: 320-345-2193

Texas

Miles Supply, Inc. 11920 FM 1392 Terrell, TX 75160 844-883-4108 Fax: 469-614-3519



Application For Credit

| | vidual | | | | E-mai | l Address |
|---|---|--|---|--|--|---|
| | ls y | your business tax exem | npt? 🗖 No | ☐ Yes | (if so, attach a co | ompleted Tax Exempt forn |
| Federal ID Number | | | | | | |
| Physical Address | | Mailing Address (If Different) | | | | |
| | | | | | | |
| City | State | Zip | I | Phone | | Fax |
| Accounts Payable C | Contact Name | Accoun | ts Payable P | hone | Accoun | ts Payable Email |
| Person Authorized to Purchase | | Purchaser Phone | | Purchaser Email | | |
| IEREBY applies for cred | lit in accordance with the | terms and conditions of <i>N</i> | Miles Supply, | Inc. | | |
| Finance Charges | of 1.5% per month (18% pe | er annum) will be calcula | ated for all w | nnaid hal | ances over 30 da | vs All accounts unless |
| | vise arranged, are payable | | | | | |
| OWNERSHIP (All Field: | s Must Be Filled In For Cred | it Application To Be Proce | essed.) | | | |
| Corporation | ☐ Check here if incor | porated within the past 1 | 12 months | | Partnership | ☐ Individual |
| 1. | heter - to self -) | | | | 0 l - l 0 l - l | Locale as (Decorder 41)* |
| Names of P | rincipal(s) | | | | Social Security N | lumber (Required)* |
| 2. | | | | | | |
| 2 | iles Supply is essentially pro | viding an unsecured loan | n. Under the c | adviseme | nt of both our Banl | k and Board of Directors, |
| 3. * By extending credit M we are now required to collect past due a | iles Supply is essentially proto to have this information of accounts after all reasonab sust Be Filled In For Credit Ap | n file. We can assure you le and sincere means of | u that this info collection ho | ormation [,] | will not be used fo | k and Board of Directors, or any other reason than |
| 3. * By extending credit M we are now required to collect past due a | to have this information or | n file. We can assure you le and sincere means of | u that this info collection ho | ormation ave been | will not be used fo | or any other reason than |
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| 3. * By extending credit M we are now required to collect past due a INANCE (All Fields Mu Bank Name Address | to have this information or ccounts after all reasonab | n file. We can assure you le and sincere means of opplication To Be Processe Account Number City | u that this info collection ho ed.) State | ormation ave been sank Offic | will not be used for exhausted. er or Department Phone | To Contact Fax |
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