Omaha Distributing Co., Inc. - Omaha Tools 13737 Chandler Road; Omaha, Nebraska 68138-6807

Toll Free 1-800-228-2765 (402) 334-8185; Fax (402) 334-0409

Salesperson	Omaha account number

• APPLICATION FOR CREDIT •

Please print or type all information. The following information must be completely provided to establish a line of credit with our company. All Information contained on this Application for Credit as well as the information obtained from references will be held in strict confidence by Omaha Distributing Co., Inc.

Full legal name of business or individual	dual				
Doing Business As (dba) name					
Mailing address		City	State	Zip	
Shipping address		City	State_	Zip	
Business Ph # ()	; Fax #	‡ ()	; Years	in business	
Years at this address	; If Less than 2 year	rs at current address,	provide previous addre	ss:	
Previous address		City	State_	Zip	
Individual; Partnership	; Corporation	; State Incorporate	ed in	; Ye	ar
Federal Tax EIN #	; Dun & Brad	dstreet #	; State ta	ax #	
Type of Business	; Wholesale or Retail				
Number of locations			; Total Annual sales \$_		
Annual sales of tools \$; Estin	nated monthly purchas	ses from Omaha Distrib.	\$	
Current business trend					
Describe in detail what your busines	s does				
Do you sell tools now					
Business cycle (busy period)					
How did you hear about us					
Other information that you can provi	de us with for establishi	ng credit			
Authorized buyer name(s)					
Own/rent building		; Square Feet	; Va	lue \$	
Mortgage Co./Landlord			Phone # ()	
PRINCIPAL(S) (OWNERS) INFORM	MATION: Num	per of Owners or Partr	ners		
1) Name			Title		
Home address			Home ph # ()	
2) Name			Title		
Home address			Home ph # ()	. -
3) Name			Title		
Home address			Home ph # ()	

• List additional principals on the back of this application or on a separate sheet of your letterhead with signature(s).

Application is continued on page 2.

TRADE REFERENCES (No "	800" telephone numbers):				
1) Name	Acct #	Ph # ()		
Address		Fax # ()		
2) Name	Acct #	Ph # ()		
Address		Fax # ()		
3) Name	Acct #	Ph # ()		
Address		Fax # ()		
4) Name	Acct #	Ph # ()		
Address		Fax # ()		
5) Name	Acct #	Ph # ()	=	
Address		Fax # ()		
6) Name	Acct #	Ph # ()	=	
Address		Fax # ()		
BANK REFERENCES:		Db. # /	,		
		•	•		
	; Type of account		•		
		; Bank officer_	```		
•		Ph # ()		
Address		Fax # ()		
	•	; Bank officer_			
•		Ph # ()		
Address		Fax # ()		
Account #	•	; Bank officer_			
•		,)		
Address		Fax # (,		
Account #	; Type of account	; Bank officer_	`		
5) Bank name		Ph # ()		
	-	·	•		
	; Type of account				
	. T	•	•		
	; Type of account	; Bank officer			
Applicant's signature(s) attests Co., Inc's invoice terms. We further above information is for the Inc. to investigate the reference	sation on a separate sheet of your letterhead. If financial responsibility, ability and willingness to ally understand your credit terms and agree to the purpose of obtaining credit and is warranted to es listed pertaining to my/our credit and financial	ne proper payment in consict be true. I/we hereby authors I/we hereby authors I/responsibility.	deration of norize Oma	f extended credit. aha Distributing Co.	
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Print name	Date				