

LITHOMANIA TM, INC.

APPLICATION FOR CREDIT

COMPANY NAME:

ADDRESS:

TELEPHONE:

NUMBER OF YEARS IN BUSSINESS

IS BUSINESS A (Check One):

_____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

PRESIDENT OR OWNER (S) NAME, ADDRESS AND PHONE NUMBER

TREASURER NAME, ADDRESS AND PHONE NUMBER

PERSONS AUTHORIZED TO PURCHASE ON THIS ACCOUNT

BANK INFORMATION

BANK NAME

BANK ADDRESS

BANK PHONE

ACCOUNT NUMBER

