Hoists Direct **LLC**

Credit Agreement Fax: 704-985-1122

Company Name:		_			
Bill to: Mailing Address	City	State	Zip		
Ship to: Street Address					
Street Address	City	State	Zip		
Telephone Number:	Fax Number:	:			
Web Site:	E-Mail:				
Date Established:	Type Ownership:	State of Inc	corporation:		
FEIN Number:	D&B Number:				
Purchasing Agent:	Does your Company require Purchase orders? Yes No				
Name of Principles: Provide	name, position, home address, and	phone number			
1					
2					
3					
Bank:	Phone Number:	C	Contact:		
Line of Credit Requested:					
Credit References (please pro	ovide company, phone, fax, account	t number and contact	person):		
1					
2					
3					
 Terms are net 30 days. De Should it become necessa shall pay for all subsequer The undersigned warrants The undersigned hereby a 	*** Agreement ** n of credit by Hoists Direct LLC shall be su elinquent accounts will be assessed interest ry to assign balance to a licensed collection nt collection charges and legal fees. Is they have read, understood and agreed to nuthorizes the above-mentioned bank and continued thereby expressly warrants that all purchases.	abject to, and in considerate at an 18% annual rate on agency or an attorney for the terms and conditions companies to release the	or legal action, the a stated herein. information reques	applicant ted by Hoists	
Signed	Date				
Title (Must be owner or Corporate Officer)					