



New Path Capital One, Inc.
289 NW 68th Avenue, Ocala FL 34482
Toll Free Phone: (800) 223-5897
Toll Free Fax: (877) 436-2269

CREDIT APPLICATION

CONFIDENTIAL CREDIT APPLICATION FOR NET 30 DAYS TERMS

Please provide us with your latest Financial Statement and the following information.

Note: There is a delinquent charge of 1.5% monthly; 18% annual rate assessed on past due accounts.

BUSINESS NAME _____

SHIPPING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

A/P Contact _____ Phone # if different than above: _____

Corporate Buyer _____

Anticipated Credit: Monthly _____ Annually: _____

Company has been in business since: _____ Company operates as a: () Sole Proprietorship () Partnership () Corporation

Principals: Title/Name _____ Principals: Title/Name _____

FED ID # _____ D&B # _____ Please attach Tax Certificate

Please Note: 1 Bank Reference and 2 Trade References are required OR 4 Trade References.

BANK REFERENCE:

Bank Name _____ Phone # _____

Bank Address _____ FAX # _____

Bank Account # _____

Contact/Tel. # _____

TRADE REFERENCES:

(1) COMPANY NAME & CONTACT _____

ADDRESS: _____ CITY _____ ST: _____ ZIP _____

PHONE NUMBER: _____ FAX NUMBER: _____

(2) COMPANY NAME & CONTACT _____

ADDRESS: _____ CITY _____ ST: _____ ZIP _____

PHONE NUMBER: _____ FAX NUMBER: _____

(3) COMPANY NAME & CONTACT _____

ADDRESS: _____ CITY _____ ST: _____ ZIP _____

PHONE NUMBER: _____ FAX NUMBER: _____

(4) COMPANY NAME & CONTACT _____

ADDRESS: _____ CITY _____ ST: _____ ZIP _____

PHONE NUMBER: _____ FAX NUMBER: _____

I hereby authorize and hold harmless the above firms to release to New Path Capital One, Inc. information pertaining to my credit standing with them, and I agree to all terms and conditions of sale.

SIGNED _____ TITLE _____ DATE _____
(Company Officer/Authorized Agent)