HOMESTEAD ENTERPRISES, INC. **DBA HOMESTEAD SUPPLY** PO Box 49 Glennallen AK 99588 907-822-3987 Fax 907-822-5209 sales@homesteadsupply.org

APPLICATION FOR CREDIT						
Name (Exact legal name for billing purposes)			Nature of Business			
Add	ress		Date Business Started	I		
Pho	ne Number	Fax Number	State of Incorporation	າ	Fed. ID# / SS#	
Billing Address (if different)			Officers, Proprietors or Partners of the firm			
Estimated Annual Sales			Contact for Invoice Inquiries			
Estimated Annual Purchases						
Bank Name			Bank Address			
Bank Phone number			Bank Contact name			
Bank Acct. number / s						
	REFERENCES:					
	Name	Address		Telephone	Fax	
1)						
2)						

	Name	Address	Telephone	Fax
1)				
2)				
3)				
4)				

If credit is granted, I/we understand the terms of sales are net 30. Homestead Ent., Inc. will charge interest on any past due balance at the rate of $1\,\%$ % per month. In consideration of Homestead Ent., Inc. extending credit to the above business, I/we do hereby grantly, jointly, and individually agree to pay for all goods and merchandise supplied to me; or to any of us, to the above business. In the event that an account is placed with a third party for collection, I/we agree to pay all costs; including reasonable attorney fees, court costs, and finance charges

I/we authorize Homestead Ent., Inc. to investigate our credit history, bank references, and other information deemed necessary to extend credit. I/we agree to immediately notify the Homestead Ent., Inc. of any change in ownership, address, or form of the set business. This agreement shall remain enforced until written notice of revocation is received by Homestead Ent., Inc.

Authorized Signature:	 Title and Date:	