

Business Name _____
Street _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____

How many years have you been in business? _____

(Please check one)

Is this a: Corporation Sole Proprietorship Partnership

Ownership:

President: _____

Secretary: _____

Treasurer: _____

Finance: Savings Checking Loan

Bank _____ Account# _____ Branch _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____ Account Rep _____

Commercial Trade References

Give ONLY names of those you buy from on OPEN ACCOUNT.

WE WILL NOT PROCESS THIS APPLICATION WITHOUT FULL NAME, ADDRESS, PHONE AND FAX NUMBER

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

Amount of credit desired monthly \$ _____

Authorized Buyers _____

Billing address (if different from above) _____

By approving this application, I agree to pay for all goods and services purchased within 30 days.

Butler Technologies, Inc. is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit.

Sign _____ Title _____ Date _____

Print name _____

Note: Butler Technologies, Inc. Terms and Conditions of Sale can be found at www.butlertechnologies.com