

Flex Membrane International Corp. 5103A Pottsville Pike, Reading, PA 19605 Tel: 610-916-9500 Fax: 610-916-9501

CREDIT APPLICATION

ABOUT YOUR COMPANY:	
Company Name (Applicant):	
Address:	
City: S	tate: Zip:
Business Type: Sole Proprietorship	State: Zip: Partnership Corporation State of Dun & Bradstreet No:
1 cars in Dusiness.	Bui & Bladstreet No.
Phone: Amount of Credit Requested:	Fax:
PLEASE PROVIDE RESALE OF	R TAX EXEMPT FORM FOR YOUR COMPANY.
PLEASE LIST PARTNERS OR C	CORPORATE OFFICERS:
Name, Title, Phone:	
Name, Title, Phone:	
Name, Title, Phone:	
	RDING PURCHASE ORDERS AND INVOICE PAYMENTS:
Name and Title:	
Address, Phone & Email:	
PLEASE PROVIDE BANK REFI	ERENCE:
Bank Name and Address:	
Account No.:	Contact Name: Fax/Email:
Phone:	Fax/Email:
PLEASE PROVIDE 3 TRADE/CI	REDIT REFERENCES (GIVE COMPANY NAME, ADDRESS, CONTACT
AND PHONE NUMBER)	
1.	
	Fax/Email:
2.	D /D 1
Phone:	Fax/Email:
3	
	Fax/Email:
	LEX MEMBRANE INTERNATIONAL CORP. to inquire into and obtain from any bank, whether listed on the Credit Application or not, any and all information relating to the al condition.
	nsideration of FLEX MEMBRANE INTERNATIONAL CORP., extending credit to
("A	Applicant"), the undersigned guarantor, personally guarantees payment in full of any and all
	IBRANE INTERNATIONAL CORP This is a continuing guaranty for such obligations Guarantor waives notice of acceptance, default and nonpayment and consents to and waives
notices of any extension, modification of COSTS AND ATTORNEY'S FEES INCURRED CONSTRUCTION, OR ENFORCEMENT OF A	or renewal of the guaranteed obligations. THE UNDERSIGNED FURTHER AGREES TO PAY ALL DBY FLEX MEMBRANE INTERNATIONAL CORP. WITH REGARD TO THE INTERPRETATION, NY OR ALL OF GUARANTOR'S OBLIGATIONS UNDER THIS CREDIT APPLICATION OR PERSONAL ION IS COMMENCED AGAINST APPLICANT OR GUARANTOR.
Dated thisday of	Signature of Guarantor:
Print Applicant Name:	
Signature :	
Title:	
Date:	
Address:	-
Telephone Number:	
reiennone Number:	