



**CONFIDENTIAL CREDIT APPLICATION**

Please return to purchaseorders@isibp.com (Carbon Copy the Product Manager) or fax to 309.698.0065

FULL LEGAL NAME OF BUSINESS			DATE	
ADDRESS			PHONE	FAX
CITY	STATE	ZIP	EMAIL ADDRESS	
DATE ESTABLISHED	RESALE TAX OR PERMIT NO.		DUNS NO.	
NATURE OF BUSINESS			TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	

<b>SECTION A: NAMES OF OWNERS OR OFFICERS</b>	<b>SECTION B:</b>	
	SOCIAL SECURITY NO.	RESIDENCE ADDRESS
PRESIDENT		
VICE PRESIDENT		
SECRETARY		
TREASURER		

<b>ACCOUNTS PAYABLE CONTACT INFORMATION</b>	<b>ESTIMATED MONTHLY CREDIT REQUIREMENTS FROM INSULATION SOLUTIONS, INC.</b>	\$
CONTACT NAME		
EMAIL ADDRESS FOR INVOICES	***INVOICES WILL BE EMAILED UNLESS OTHERWISE SPECIFIED***	

BANK NAME			PHONE
ADDRESS			FAX
CITY	STATE	ZIP	PERSON TO CONTACT
TYPE OF BANK ACCOUNT	ACCOUNT NUMBER	LOAN NUMBER	<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED

ACCOUNTING FIRM	PHONE
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<b>BUSINESS REFERENCES: (OTHER THAN INSULATION SOLUTIONS, INC.)</b>			
NAME			PHONE
ADDRESS			FAX
CITY	STATE	ZIP	CONTACT PERSON
NAME			PHONE
ADDRESS			FAX
CITY	STATE	ZIP	CONTACT PERSON
NAME			PHONE
ADDRESS			FAX
CITY	STATE	ZIP	CONTACT PERSON

The above information is being submitted for the purpose of allowing Insulation Solutions, Inc. to assess and/or continue to assess credit on the undersigned account. The undersigned hereby represents and warrants that the information contained herein, or submitted in connection herewith, is true and complete as of the date signed hereof. We hereby authorize Insulation Solutions, Inc. to contact and investigate references, including the banks listed above and we authorize the references to release the requested information. The undersigned hereby agrees to remit payment within the terms specified on the face of the invoice. If payment is not received when due, the undersigned also agrees to pay a monthly service charge equal to one and one half (1 1/2) percent or the maximum amount allowable under state law, of the unpaid delinquent balance until the account is paid in full. If the account is placed for collection, the undersigned agrees to pay all costs and expenses of collection, including attorney's fees and expenses.

NAME (Please Print)	SIGNATURE	TITLE
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