



RUD CORP
 1310 N 8TH ST
 NEW SALEM, ND 58563
 PHONE: (701) 843-7508
 FAX: (701) 843-8618

APPLICATION FOR CREDIT

ALL THE INFORMATION MUST BE SUPPLIED AND THE APPLICATION SIGNED.

NAME OF APPLICANT _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE NUMBER _____ FAX NUMBER _____
 TYPE OF EMPLOYMENT _____
 COMPANY EIN # OR SOCIAL SECURITY # _____

TRADE REFERENCES

THREE MUST BE SUPPLIED. MAY NOT INCLUDE VISA, AMEX, MASTERCARD, BANK CREDIT CARD OR ANY DEPARTMENT STORE CREDIT CARD.

COMPANY	ADDRESS	AREA CODE AND PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK REFERENCE

THE INFORMATION ABOVE IS FURNISHE DFOR THE CONSIDERATION IN THE ESTABLISHMENT OF AN ACCOUNT IN THE AMOUNT OF _____ PER MONTH.

IT IS UNDERSTOOD THAT THE TERMS OF THIS AGREEMENT ARE 7-10 DAYS FROM DATE OF BULK DELIVERY.

SIGNED _____ DATE _____