

UniGroup, Inc.®

ONE PREMIER DRIVE
FENTON, MO 63026

PLEASE BE ASSURED ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

LEGAL NAME & BILLING ADDRESS:

SHIP TO NAME & ADDRESS

NAME

NAME

P.O. BOX AND/OR STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

AREA CODE/ PHONE # CONTACT

YEAR BUS. STARTED / NO. OF INVOICES

TYPE OF BUSINESS

P.O. REQUIRED? YES/NO

PLEASE PROVIDE US WITH THE NAMES OF FIVE CREDIT REFERENCES FROM WHOM YOU BUY GOODS AND SERVICES ON AN OPEN ACCOUNT AND ONE BANK REFERENCE. PLEASE INCLUDE THE TELEPHONE NUMBER AND CONTACT NAME, IF APPLICABLE.

CREDIT REFERENCES

PHONE

CONTACT

1.

2.

3.

4.

5.

BANK REFERENCE

PHONE

CONTACT

1.

PRIMARY CHECKING ACCOUNT NUMBER _____

DUNN & BRADSTREET NUMBER _____

YOUR SIGNATURE IMPLIES UNDERSTANDING OF OUR CREDIT TERMS AND INTENT TO COMPLY WITH THEM. OUR TERMS ARE: FULL PAYMENT OF YOUR INVOICE MUST BE RECEIVED IN OUR OFFICE OR AT UNIGROUP HEADQUARTERS NO MORE THAN 30 DAYS FROM THE DATE OF THE INVOICE. IF PAYMENT IS NOT RECEIVED WITHIN THIS LIMIT, A ONE AND ONE HALF PERCENT LATE CHARGE WILL BE ASSESSED, AS IS ALLOWED BY THE FEDERAL DEPARTMENT OF TRANSPORTATION.

SIGNATURE _____ **TITLE** _____ **DATE** _____

Please fax completed application to 714-242-7674