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| Quality BrandCredit Application for a Business Account | | | |
| Business Contact Information | | | |
| Title: | | | |
| Company Name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | | State: | ZIP Code: |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| Business and Credit Information | | | |
| Primary business address: | | | |
| City: | | State: | ZIP Code: |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | | State: | ZIP Code: |
| Type of account: | Account number: | | |
| Savings |  | | |
| Checking |  | | |
| Other |  | | |
| Business/trade references | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Agreement | | | |
| 1. All invoices are to be paid net 10th. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize us to make inquiries into the banking and business/trade references that you have supplied. | | | |
| Signatures | | | |
| Title:  Date: | | Title:  Date: | |

Please address to Quality Brand, 12570 Route 30, Irwin, PA. 15642. Fax to 724-864-7567. Email to acct2@qbrand.com