

Net 30 Credit Application for Business

Toll-Free: (866) 469-8556

support@strivenindustries.com

www.rememberthefilter.com

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Contact Information

(Please complete all fields in this section.)

| | |
|-----------------|--------------------|
| Company Name : | |
| Contact Name : | Shipping Address : |
| Phone Number : | |
| Email Address : | |

Accounts Payable / Accounting Information

(Please complete all fields in this section.)

| | |
|---------------------|-------------------|
| A/P Contact Name : | Billing Address : |
| A/P Phone Number : | |
| A/P Fax Number : | |
| A/P Email Address : | |

Additional Company Information

(Please complete all fields in this section.)

| | | | |
|--------------------------|--|--------------------------------------|--------------------------------------|
| Type of Business : | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| Website Address : | | | |
| Years in Business : | Dun & Bradstreet Number : | | |
| President / Owner : | Initial Order Value (in dollars) : | | |
| # of Employees : | Est. Monthly Filter Spend (in dollars) : | | |
| Annual Company Revenue : | Credit Line Requested (in dollars) : | | |

Credit / Trade References

(Please complete all fields in this section.)

| | |
|-----------------|------------------------|
| Company Name : | Phone Number : |
| Email Address : | Fax Number : |
| Address : | Current Credit Limit : |
| | |
| Company Name : | Phone Number : |
| Email Address : | Fax Number : |
| Address : | Current Credit Limit : |
| | |
| Company Name : | Phone Number : |
| Email Address : | Fax Number : |
| Address : | Current Credit Limit : |
| | |

Everything stated above is correct and complete. Striven Industries LLC dba RememberTheFilter.com is authorized to investigate the information stated above including but not limited to the bank and trade references to verify the financial condition of the applicant company. All costs of collection will be debtor's responsibility, including a reasonable attorney's fee, should collection through an attorney be necessary. I am duly authorized to execute this application on behalf of the applicant.

Signed: _____

Print Name: _____

Date Signed: _____

Title: _____