

### GENERAL INFORMATION

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Full Name of Owners(s) or Authorized Officer of Corporation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BUSINESS INFORMATION

Check One:  Corporation  LLC  Partnership  Individual  
Federal Tax No. (for Corporation): \_\_\_\_\_ SSN (For Partnership or Individual): \_\_\_\_\_  
Tax Exempt No.: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_  
Type of Markets Served (i.e. Dental, Automotive, EMS, Medical, Laboratory, Food, Industrial Safety, etc.):  
1) \_\_\_\_\_ % of Total \_\_\_\_\_  
2) \_\_\_\_\_ % of Total \_\_\_\_\_  
3) \_\_\_\_\_ % of Total \_\_\_\_\_  
Antipated Volume ( No. of Cases Per Month): \_\_\_\_\_ Glove Types: \_\_\_\_\_  
Geographical Area Served: \_\_\_\_\_

### TRADE REFERENCES

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dunn & Bradstreet #: \_\_\_\_\_

### BANKING INFORMATION

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### AUTHORIZATION

I, \_\_\_\_\_, of \_\_\_\_\_  
Authorize \_\_\_\_\_ (Financial Institution/Reference) to release any and all credit and banking information to Microflex Corporation and it's subsidiaries. I understand that this information will be used wholly or in part to determine eligibility for credit, and will not hold this institution responsible for the finding herein.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_