CREDIT APPLI	SAM ZUKE	SAM ZUKERMAN & SONS INC.			
Please Fill Out and I	Return	Importers - Who 1650 Smallman Stre Pittsburgh, Pa. 1522 Phone: 800-375-081 Fax: 412-261-5890	eet 22	itors	
Business Name:					
Street Address:					
P.O. Box #		P.O. Box Zip			
City:	State: Zip: Ph	none:	e:Fax:		
	Da				
	l: Yes No Authori				
OWNERSHIP - (	Check One Below				
THIS BUSINES	THIS BUS	SINESS IS A SO	OLE PROPRIETORSHIP		
If checked, give names o	· · · · · ·	If checked, fill out information below Owner's Name:			
				_State:Zip:	
Federal ID#		Phone:		_SSN#:	
If checked, give the man Owner's Name:	SS IS A PARTNERSHIP es of the corporate officers:	_			
	State Zip			_State: Zip:	
	SSN#			_State: Zip	
	SS OF PARENT (If a				
Parent Company:			Phone:		
				Zip Code	
BANK & TRADE	REFERENCES				
Bank Reference:	Address / City / State / Z	<u>Zip Phone</u>	Fax	<u>Contact</u>	
	Address / City / State / Z	•	Fax	Contact	
The undersigned being an o	wner and / or stockholder of the abov an & Sons, Inc. from whom this busi	ve business hereby personal	ly guarantees and	agrees to pay any principal	
I acknowledge being that the 1. Title to any merchandise assessed on any account fo account balance not paid wi collection agent for collection	e following conditions will apply to po shall not pass to the business until p r merchandise returned not as a resu thin 30 days of the invoice date. 4. S on assistance, a service charge of 33°	urchases from Sam Zukerman purchase invoice has been pa ilt of seller's error. 3. A finar Should any account be deling % of the account balance will	n & Sons, Inc.: iid in full. 2. A 25% nce charge of 2% p juent and should if be added to the a	per month shall be added to any t be referred to an attorney or ccount.	
Date:	Authorized Owner/ Corporate Offic	cer Signature:	Title:		