

Circle One:  
 Densified Foam    Roofing  
 Door                EIFS  
 Geofoam            OEM  
 Pkg                  ISC  
 Garage              Flexibles  
 Insulation          Consumer

Ronnie Givens

Plant: \_\_\_\_\_

Credit Application For  
**DREW FOAM COMPANIES, INC.**

1093 Highway 278 East \* Monticello, Arkansas 71655  
 Phone 1-800-643-1206 \* Fax (870) 367-1564

**NOTE: Drew Foam's Credit Terms are net thirty (30) days. (The credit manager must approve all other terms.)**

Application for credit is hereby made and the following reference given. It is understood this information will be held in strictest confidence and used by the credit department of Drew Foam Companies, Inc.

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail \_\_\_\_\_

If subsidiary, name of parent company: \_\_\_\_\_

If partnership, Name of partners & percent of ownership: \_\_\_\_\_

If sole proprietorship, Name of principal: \_\_\_\_\_

If Corporation, Date and State where incorporated: \_\_\_\_\_

Type of business: \_\_\_\_\_ Year established: \_\_\_\_\_

Principal Owner: \_\_\_\_\_ Chief Officer: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Accounts Payable email address:** \_\_\_\_\_

**Banking References:**

Primary Bank:	Secondary Bank:
Address:	Address:
City:                      State:                      Zip:	City:                      State:                      Zip:
Phone: (    )                      Fax: (    )	Phone: (    )                      Fax: (    )
Contact:	Contact:

**Credit References**

Name:	Name:
Address:	Address:
City:                      State:                      Zip:	City:                      State:                      Zip:
Phone: (    )                      Fax: (    )	Phone: (    )                      Fax: (    )
Contact:                      Email:	Contact:                      Email:

Name:	Name:
Address:	Address:
City:                      State:                      Zip:	City:                      State:                      Zip:
Phone: (    )                      Fax: (    )	Phone: (    )                      Fax: (    )
Contact:                      Email:	Contact:                      Email:

**\*\*FINANCIAL STATEMENT REQUIRED FOR CREDIT LINE**

**Financial Credit Information    GREATER THAN \$25,000\*\***

Credit Line Requested:	Yearly Sales Estimate:
Sales Tax Exemption #:	Federal Tax ID #:

**Undersigned understands the above information is submitted for the purpose of obtaining credit from Drew Foam Companies, Inc. and attests to the accuracy of the above information and realizes that both business and personal history may be investigated. In addition, if a collection agency is required, any and all fees will be assessed to the customers account.**

Customer Signature and Title

Date