

Wink Fasteners Inc

607 Roxbury Industrial Center
Charles City, VA 23030

Phone: 804-966-8111
Fax: 804-966-8127

Thank you for considering Wink Fasteners as one of your valued suppliers. Please help us establish a line of credit for you by completing the information below. To expedite the processing of your credit application, please be sure to include fax and phone numbers of your references.

Application for Credit

Date _____ Company Name _____

Billing Address

Ship To

City, State & Zip+4

City, State & Zip

Website _____

Contacts:

Purchasing _____ Phone _____

Fax _____ Email _____

Accounts Payable _____ Phone _____

Fax _____ Email _____

About the Company:

Type of Company _____

Parent Company _____ Address _____

_____ Years in Business _____

City, State & Zip

The applicant represents and warrants to Wink Fasteners, Inc. that (I) applicant is solvent, (II) the aggregate value of applicant's assets is greater than the sum of applicant's debts, at a fair valuation, (III) applicant is presently paying its debts in the ordinary course of its business, (IV) applicant has the ability to pay its debts as they become due and (V) applicant warrants that the information contained in this application is true and correct.

Signature of person completing application

Please submit at least **Four (4) trade references and be sure to include fax and phone numbers.**

**Also, please complete and sign the second page of this application to allow us to obtain information from your financial institution.

Bank Credit Inquiry Release

We, _____, are applying for credit with WINK FASTENERS. We hereby authorize you to release our credit history with your institution to WINK FASTENERS.

Name of Financial Institution

Checking Account Number

Savings Account Number

Address

Phone

Fax

Authorized Signature

Name (Printed or Typed)