

BKM Resources, Inc.
Post Office Box 327
Eatontown, NJ 07724-0327

Phone: 732-264-2300
Fax: 732-264-5527



CREDIT APPLICATION

Name of Firm: _____ Phone: _____

Billing Address: _____ Fed ID No: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Fax No: _____

Description of Business: _____

() Corporation () S Corporation () Sole Proprietorship () General Partnership

Date Established: _____ Credit (\$) Requested: _____

Name of Principals	Street	City/State/Zip	Title
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1. _____

2. _____

3. _____

Trade References: (Please complete all requested with current information)

Name	City/State/Zip	Contact Name	Phone # & Fax #
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1. _____

2. _____

3. _____

Bank Reference (s):	Bank Name	Street	City/State/Zip	Contact Name/Phone #
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Account Number: _____ Type of Account: _____

Dun and Bradstreet #: _____

*****TAX EXEMPTION CERTIFICATE REQUIRED WITH CREDIT APPLICATION*****

Financial and Background Information:

Current Financials Requested

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT I (WE) CAN AND WILL COMPLY WITH YOUR TERMS NET 20 DAYS.

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The undersigned authorizes BKM Resources, Inc. to contact credit reporting agencies, along with bank and trade references to verify the credit information in this application and authorize any bank or other business or individual to release financial information requested as part of that verification.

Authorized Signature

Title

Date