

**MUNCIE NOVELTY COMPANY, INC.
CREDIT APPLICATION**

Acct No. _____ (office use)

Company Name _____ Fax _____
Mailing Address _____
Shipping Address _____
City, State, ZIP _____
Owner/Buyer _____
Dun & Bradstreet Rated? Yes No Business Location: Owned Rented
Company Is: Corporation Partnership Individual
How long has your company been in business? _____
How long at your present location? _____

Bank _____ Phone () _____
Address _____
Acct No. _____ Contact _____

BUSINESS REFERENCES:

(Name, complete addresses, phone, fax & account numbers)

1. _____ _____ _____ Ph () _____ Fax () _____ Acct _____	2. _____ _____ _____ Ph () _____ Fax () _____ Acct _____	3. _____ _____ _____ Ph () _____ Fax () _____ Acct _____
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Additional Remarks _____

Authorized Signature _____ Date _____

Completed information may be faxed to 1-888-428-8640 or mailed to P. O. Box 823 Muncie, IN 47308