

APPLICATION FOR CREDIT

| | | |
|---|------------------|------------------|
| Name of Firm or Individual | Purchasing Agent | Telephone Number |
| Shipping Address | | Fax Number |
| City, State, Zip Code | | Email |
| Billing Address (If Different From Above) | | |

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|--|---|
| Type of Business | Nature of Business |
| Years in Business | Number of Seated Employees |
| P.O. Required (Circle One) Y/N | Tax Exempt (Circle One) Y/N Enter Exempt number above, Attach Form |
| Do you or have you in the past had a Rubinstein's account under another name, if yes enter name | |
| Has Applicant (including partners, officers or owners) ever filed bankruptcy? Y/N | |
| Have any lawsuits been filed against you or your company within the last three years alleging non-payment of debt? Y/N | |

BANKING REFERENCES

| Name | Branch Location | Account Number | Phone # |
|------|-----------------|----------------|---------|
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TRADE REFERENCES

| Name | Address | Account Number | Phone # |
|------|---------|----------------|---------|
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You may submit the completed credit inquiry requests to each trade reference listed on this form. This information is for the purpose of obtaining credit and is warranted as being true by the undersigned. I/We authorize Rubinstein's to confirm the references as listed pertaining to my/our financial responsibility. If credit is granted, applicant hereby agrees to the following:

TERMS and CONDITIONS of SALE

1. Payment: Applicant agrees to pay for all purchases by the 30th day following invoice date.
2. Furniture Purchases: Deposit is required on furniture purchases with balance due upon delivery unless specific terms have been agreed upon in writing at time of purchase.
3. Service and Collection Charges: in the event applicant does not pay invoices within terms, applicant agrees to pay a service charge on all past due balances at the rate of 1.5% per month.
4. Returned Checks: Applicant agrees to pay Rubinstein's the fee of \$25.00 for any check returned uncollected to Rubinstein's.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

For Office Use Only

| | | | |
|-----------------------|--------------------|-------------------|------|
| References Checked By | Credit Approved By | Credit Refused By | Date |
| Sales Rep | Account Code | Credit Limit | |