CREDIT APPLICATION



CUSTOME	ER BANK CONSENT & AUTHORIZATION
,	of
Name of owner/officer	Business name
Address	City, State & Zip
hereby authorize	Address
to disclose financial records concerning the fol	llowing:
Account #	Type of Account
Account #	Type of Account
Account #to AUTOMATIC DISTRIBUTORS, INC. for the	
to AUTOMATIC DISTRIBUTORS, INC. for the	e following purpose(s):
to AUTOMATIC DISTRIBUTORS, INC. for the	e following purpose(s): To update records Other e in writing at any time before my records, as described above, are disclosed; and that this
To establish an open line of credit To understand that this Authorization may be revoked by me Authorization is valid for no more than three (3) months from the understand I am providing written instructions to Automa my credit report. I authorize Automatic Distributors to obtain	e following purpose(s): To update records Other e in writing at any time before my records, as described above, are disclosed; and that this
To establish an open line of credit To establish and credit To est	e following purpose(s): To update records
To establish an open line of credit To evoked by make a control of the end o	e following purpose(s): To update records Other e in writing at any time before my records, as described above, are disclosed; and that this om the date of my signature. Attic Distributors under the Fair Credit Reporting Act authorizing Automatic Distributors to old ain this information solely to process this application. In consideration of you extending creditee payment of all obligations to you until withdrawn by me by certified mail.
to AUTOMATIC DISTRIBUTORS, INC. for the To establish an open line of credit To evoked by me Authorization is valid for no more than three (3) months from the understand I am providing written instructions to Automatic production of the named firm at my request, I hereby personally guarant Principal signature: X Principal Name (printed):	e in writing at any time before my records, as described above, are disclosed; and that this om the date of my signature. Attic Distributors under the Fair Credit Reporting Act authorizing Automatic Distributors to old ain this information solely to process this application. In consideration of you extending createe payment of all obligations to you until withdrawn by me by certified mail. Date:
to AUTOMATIC DISTRIBUTORS, INC. for the To establish an open line of credit To evoked by me Authorization is valid for no more than three (3) months from the understand I am providing written instructions to Automatic production of the named firm at my request, I hereby personally guarant Principal signature: X Principal Name (printed):	e in writing at any time before my records, as described above, are disclosed; and that this om the date of my signature. atic Distributors under the Fair Credit Reporting Act authorizing Automatic Distributors to old ain this information solely to process this application. In consideration of you extending createe payment of all obligations to you until withdrawn by me by certified mail. Date:

reasonable amount of attorney's fees on both the principal and the service charge. It is further understood and agreed that all orders placed by debtor or myself and accepted by Automatic Distributors, Inc. shall be consummated in Bangor, Maine and shipped there from. It is also agreed that the enforcement of any obligation arising from the extension of credit pursuant to this application or from any order placed by debtor or myself and accepted by Automatic Distributors, Inc. will be under the jurisdiction of the State of Maine and Maine laws shall govern any such proceeding.