

CREDIT APPLICATION
MSG ENTERPRISES INC

DATE _____
LEGAL BUSINESS NAME _____
DOING BUSINESS AS _____
BUSINESS ADDRESS _____

BUSINESS PHONE- _____
FAX _____
EMAIL _____
BILLING ADDRESS (IF DIFFERENT) _____

BILLING PHONE _____ FAX _____
CONTACT PERSON/TITLE _____
TAXPAYER ID _____
TAX EXEMPT NUMBER _____
IN BUSINESS SINCE _____ - _____
LEGAL STRUCTURE (CORP, PROPRIETORSHIP, PARTNERSHIP, SCHOOL,
GOVT) _____
BANK NAME _____ ACCOUNT _____
OTHER REFERENCE _____

FULL NAME _____
SOCIAL SECURITY NUMBER _____
COMPLETE ADDRESS _____
HOME PHONE _____

In signing this application, I have read and agree that this information is true and correct. I agree to be bound by the terms disclosed above. If I believe my billing is incorrect, I will notify MSG accounting department at 2825 S. 70TH ST, Lincoln, Ne 68506 in writing within 14 days of the statement and include business name, account number, and describe the alleged error in detail. This agreement can be terminated by MSG Enterprises Inc at any time with written notice. MSG Enterprises Inc includes Glenn's True Value, Lincoln True Value, Piedmont True Value, Hickman True Value, Pawnee True Value, West O True Value and Batteries Plus Bulbs 920 locations.

PEOPLE AUTHORIZED TO CHARGE ON THIS
ACCOUNT: _____

MSG ENTERPRISES INC USE ONLY:
APPROVED: YES NO DATE _____
ACCOUNT NUMBER _____