

Bane-Clene® Corporation  
3940 North Keystone Avenue Indianapolis, Indiana 46205

General Information

How many years in business \_\_\_\_\_ Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

Kind of business \_\_\_\_\_

Bank: Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Suppliers: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FED.I.D.No. \_\_\_\_\_ D & B I.D.No. \_\_\_\_\_

**PERSONAL STATEMENT**

If applicant is a corporation or partnership, at least 2 principals must be shown with the personal information which is listed below.

PRINCIPAL #1 \_\_\_\_\_

(Name)

(Title)

(Address) \_\_\_\_\_ ( City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Residence telephone) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_ (Age) \_\_\_\_\_

Years with company \_\_\_\_\_ Buying \_\_\_\_\_ Renting \_\_\_\_\_ Own my own home \_\_\_\_\_ % of business

Please list 2 relatives who do not reside with you:

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

PRINCIPAL #2 \_\_\_\_\_

(Name)

(Title)

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Residence telephone) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_ (Age) \_\_\_\_\_

Years with company \_\_\_\_\_ Buying \_\_\_\_\_ Renting \_\_\_\_\_ Own my own home \_\_\_\_\_ % owned of business

Please list 2 relatives who do not reside with you:

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

By signing below, I/we ask that an account be opened for me/us and/or my company. I understand that you may verify and exchange information on me/us, any supplementary applicants, and/or my/our company. I/We will be bound by the following agreement. If this is a personal account, I/we agree, or if this is a company account, both I/we and the company agree to be liable for all charges to the account.

I/We understand that interest in the amount of 1-1/2% mo. (18% APR) will be charged on the unpaid balance on all invoices not paid within 30 days from date of invoice. I/We also understand and agree that any legal fees, court costs, repossession fees, and/or collection fees incurred in liquidating my/our account will be paid by me/us/

NAME \_\_\_\_\_ BY \_\_\_\_\_ TITLE \_\_\_\_\_

name \_\_\_\_\_ BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_