

CONWAY BEAM LEASING, INC.

2674 W HENRIETTA RD ROCHESTER, NY 14623 585-424-1220 FAX: 585-272-8851	3050 LAKE RD ELMIRA, NY 14901 607-733-4606 FAX: 607-733-4824	6260 E MOLLOY RD E SYRACUSE, NY 13057 315-437-5068 FAX: 315-437-3794	SALMON RUN RD WATERTOWN, NY 13601 315-488-2180 FAX: 315-785-9462
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DATE _____

TRADE NAME: _____

ADDRESS: _____

PHONE# _____

FAX# _____

TYPE OF BUSINESS _____

BANK REFERENCE _____

- CKG ACCT

ADDRESS _____

CONTACT _____

PHONE: _____

BANK REFERENCE _____

- LOANS

ADDRESS _____

CONTACT _____

PHONE: _____

TRADE REFERENCES - UNSECURED

NAME _____

CONTACT: _____

STREET _____

PHONE# _____

FAX# _____

CITY/ST/ZIP _____

NAME _____

CONTACT: _____

STREET _____

PHONE# _____

FAX# _____

CITY/ST/ZIP _____

NAME _____

CONTACT: _____

STREET _____

PHONE# _____

FAX# _____

CITY/ST/ZIP _____

One statement will be mailed to the business address show above each month.

I hereby make application for account privileges for our normal monthly business at Conway Beam Leasing, Inc. with the understanding all charges for services are to be paid promptly upon receipt of statement and if not paid by the 10th of the month succeeding date of invoice, account privileges will be reviewed. PAST DUE ACCOUNTS are subject to a service charge of 1 1/2% per month.

The information given above is true and complete. Conway Beam Leasing, Inc. may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and Applicant authorizes any person to release to Conway Beam Leasing, Inc., credit experience and account information on Applicant. This shall be continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by Conway Beam Leasing, Inc., or any person requested to release such information to Conway Beam Leasing, Inc.

Signed: _____

Title: _____