

BIFROST DISTRIBUTION, LLC

P.O. Box 753, Littleton, CO 80160

Credit Application

Contact person: _____

Business: _____

Address: _____

City, State: _____

Zip Code: _____ EIN: _____

Phone: _____ Fax: _____

E-mail: _____

Number of stores: _____ States located in: _____

Bank: _____

Address: _____

Type of Account: Checking Savings Other

Three Credit References:

1. Business: _____

Address: _____

Phone: _____ Contact: _____

2. Business: _____

Address: _____

Phone: _____ Contact: _____

3. Business: _____

Address: _____

Phone: _____ Contact: _____

I hereby state that the above is true and accurate to the best of my knowledge and that I am authorized to contract on behalf of the business named above. I give my permission to Bifrost Distribution to check the credit record of this business for the purpose of opening an account and extending credit to this business.

Signature

Date