



Cobra Manufacturing Co., Inc.  
 7909 East 148th Street  
 P.O. Box 667  
 Bixby, OK 74008  
 918-366-3634  
 918-366-3614 (FAX)

# BUSINESS APPLICATION

All information will be kept in confidence and used only in determining your qualifications for establishing the terms of future business transactions with Cobra<sup>®</sup> Manufacturing Co., Inc. All reference inquiries are sent by mail. Please allow three weeks for processing. Immediate shipments can be processed by C.O.D. Cash.

**CREDIT DEPT. USE ONLY**

ACCT. NO. \_\_\_\_\_  
 REF. SENT \_\_\_\_\_  
 TERMS \_\_\_\_\_  
 CR. LT. \_\_\_\_\_  
 AUTH. BY \_\_\_\_\_  
 DATE \_\_\_\_\_

PLEASE RUSH MY FIRST ORDER C.O.D. CASH

NAME OF FIRM \_\_\_\_\_ (REQUIRED)  
 BILLING ADDRESS \_\_\_\_\_ SELLER PERMIT NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SALES OR STATE TAX NO. \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_ SHIPPING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 FAX ( ) \_\_\_\_\_

TYPE OF OWNERSHIP:  PROPRIETORSHIP TYPE OF SALES:  RETAIL EMPLOYEES FULL TIME \_\_\_\_\_  
 PARTNERSHIP  WHOLESALE EMPLOYEES PART TIME \_\_\_\_\_  
 CORPORATION  MAIL ORDER ANNUAL GROSS SALES \_\_\_\_\_

HOW MANY YEARS IN BUSINESS \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

**NAMES OF OWNERS, PARTNERS, OR OFFICERS:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CREDIT REFERENCES:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
 YOUR BANK \_\_\_\_\_ ACCT. NO. \_\_\_\_\_ OFFICER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby certify that the information set forth above, together with all information submitted in connection with this application is true and correct. I understand that Cobra Manufacturing Co., Inc. will rely on this information in extending credit to me.  
 By law a finance charge of not more than 1.5% per month will be assessed on any past due invoice. Rate is governed by individual state laws.

I have read and understand the terms of sale stated above and agree that such terms apply to all transactions with Cobra Manufacturing Co., Inc.

SIGNATURE AND TITLE OF PERSON COMPLETING THE ABOVE INFORMATION \_\_\_\_\_

DATE \_\_\_\_\_

**PERSONAL GUARANTEE**

I (We) hereby agree to pay to Cobra Manufacturing Co., Inc. all indebtedness new or hereafter owing by me to said company, whether individually, partnership or corporation, in consideration of Cobra Manufacturing Co., Inc. extending credit to the above applicant, the undersigned does hereby individually and personally guarantee to Cobra Manufacturing Co., Inc. the sum or sums of money as may at anytime hereafter become due to Cobra Manufacturing Co., Inc. from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills or open account, if it becomes necessary to enforce this guarantee by suit, I agree to pay interest and attorney fees as allowed by law.

SIGNATURE OF GUARANTOR \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF GUARANTOR \_\_\_\_\_

DATE \_\_\_\_\_