



Leggett & Platt
INCORPORATED

CONFIDENTIAL CREDIT APPLICATION

DATE: _____

TO: LEGGETT & PLATT, INC.

P.O. BOX 757
CARTHAGE, MO 64836

The following information is submitted to you and/or any of your affiliated companies for consideration as a basis for the extension of credit to us:

1. Name of business: _____
2. Sold to address: *Street _____ P.O. Box _____
City _____ State _____ Zip Code _____
3. We own _____ Rent _____ Lease _____ these premises.*
4. We have _____ employees here. _____ Total.
5. Shipping address(es)*: Branch = B; Subsidiary = S; Division = D; Warehouse = W; Other = O (Please Specify)

| ADDRESS | CITY, STATE, ZIP | OWN, RENT, LEASE | NO. SQ. FT. OCCUPIED | NO. OF EMPLOY | TYPE |
|---------|------------------|------------------|----------------------|---------------|------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

6. We operate _____ business.
(state type and nature of business)
7. We have been in business _____ yrs.
8. Our business is a : Corporation_____, Co-Partnership_____, Limited Partnership_____, Proprietorship_____.
9. Our phone number is: _____
10. Our Dun and Bradstreet No. is: _____
11. Our tax returns have been cleared with taxing authorities through 19_____.
12. Our last physical inventory was taken: _____ .

*If more space is needed, please submit information on a separate page. This asterisk refers to Items No. 2, 3, 5, 14.

PLEASE REFER TO THE OTHER SIDE OF THIS PAGE WHICH IS A PART OF THIS FORM.

13. The principal owners, or stockholders and officers are:

(name) (title) (address) (city/state/zip)

14. Our bank* is:

Street address: _____

P.O. Box: _____ City _____ State/Zip _____

Checking Acct. No. _____ Phone No. _____

Name of account officer or other contact:

15. We expect our monthly credit requirements from you to be about \$ _____

16. We carry insurance in type and amount described below

17. Our monthly sales volume is: _____

18. You may refer to our primary sources of supply listed below:

| Name | Mailing Address | City,St,Zip | Phone No. |
|-------|-----------------|-------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

19. Profit shown on our lasted U.S. Income Tax Return is: _____

OUR FIRM IS FINANCIALLY ABLE TO MEET ANY COMMITMENTS WE HAVE MADE AND WE EXPECT TO PAY YOUR INVOICES ACCORDING TO YOUR TERMS.

Name of Firm or Corporation _____

Street _____ City _____ Zip _____

Date _____ Signed by _____

Title _____

PLEASE ALSO SEND US COPIES OF YOUR LATEST FISCAL YEAR END AND MOST RECENT INTERIM FINANCIAL STATEMENT IN ORDER THAT WE MAY ESTABLISH A LINE OF CREDIT SUFFICIENT TO COVER YOUR NEEDS.

Leggett & Platt
INCORPORATED

TO: _____
(name and address of bank)

This is my notice to you, in writing, granting you permission to disclose to Leggett & Platt, Inc. the necessary information they require for open account consideration.

Name of customer

Acct. #

Authorized signature

Date

Address