

| Application for Credit | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL BUSINESS NAME | | |
| MAIL ADDRESS CITY | ST ZIP PHONE () - | |
| SHIP ADDRESS CITY | ST ZIP FAX () - | |
| Corporation () Partnership () Proprietorship () LLC/LLP () check one | | |
| OWNERSHIP: If Corporation, give names of stockholders/ percentage of stock held. If a proprietor | rabia narteorabia ar LLC/D aive names/addresses of avenara: | |
| WILLIGHT. In Colporation, give names of stockholders/ percentage of stock held. If a proprietor | snip, partnersnip, or LLC/P give names/addresses or owners. | |
| | | |
| Years in business: Any Owner Ever Filed Bankruptcy? Who/M | vhen? | |
| CONTACTS | | |
| Person responsible for purchasing: | Purchase order required? Yes () no () check one | |
| Person responsible for payment: phone: () - | | |
| REFERENCES: | | |
| Bank Name: | Address: | |
| Bank Officer: | Telephone () - fax () - | |
| Account # | | |
| Trade Reference: | Address: | |
| Contact: | Telephone () - fax () - | |
| Account # | | |
| Trade Reference: | Address: | |
| Contact: | Telephone () - fax () - | |
| Account # | | |
| Trade Reference: | Address: | |
| Contact: | Telephone () - fax () - | |
| Account # | | |
| | | |
| determination of DACKOR. By signing this agreement, I/We agree to requires litigation. I/WE also agree to pay all attorney's fees and any | OD or CIA and may be subject to a 1 ½ percent per month late fee at the purisdiction in Orange County, FL in the event collection of the debt other expenses incurred in connection with this debt. Material is considered nated to a finish product. Acceptance of products will constitute knowledge | |

of and agreement with the above credit policies.

Signature

Title:

Date:

Agreement: In consideration for credit extended or to be extended to the above company, I/We do hereby agree individually/jointly to guarantee payment of the indebtedness of the company to you. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment, any notice of default, and all other notices the guarantor might be entitled to. This guarantee shall inure to the benefit of and bind the heirs, administrators, executors, successors, or assigns of the parties hereto.

| Signature: | Printed Name: | Date: |
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