

CREDIT APPLICATION PURCHASE AGREEMENT

Attn: Credit Dept. Phone (800) 367-0210 Fax (802) 752-3186

For completing electronically, Word to View/Print Layout							
BUSINESS NAME					TELEPHONE NUMBER		
STREET ADDRESS					FAX NUMBER		
CITY, STATE, ZIP					IN BUSINESS SINCE	# EMPLOYEES	# SALES REPS
MAILING ADDRESS IF DIFFERENT FROM ABOVE							
TYPE OF ORGANIZATION							
Sole Proprietorship □	Partnership □	Corporation		Subsidi	ary		
PRIMARY BUSINESS		ESTIMA	ATED ANNUAL PURCH	IASES	MC	NTHLY CREDIT LINE RE	QUESTED
PRINCIPAL OWNER/OFFICER NAME, TITLE, ADDRESS							
TRADE REFERENCES	CONTACT INFORMATION (FAX OR EN	MAIL)					
1)							
2)							
3)							
ACCOUNTS PAYABLE CONTACT AND PHONE NUMBER		ACCO	DUNT PAYABLE EMIAL	ADDRESS			
	CDEDIT ADDI I	OATION TE		IDITIO	NO		

CREDIT APPLICATION TERMS & CONDITIONS

- 1. Our Corporate Credit Policy prohibits us from shipping on "Open Account" for new customers until our credit investigation has been completed and a line of credit has been established for the account. We assure you that we will conduct our credit investigation as expeditiously as possible. However, until a line of credit is established, we require "Cash In Advance" for all orders.
- 2. The undersigned hereby agrees that all amounts due for goods and services purchased from seller are payable to seller within 30 days from date of invoice.
- 3. The undersigned hereby agrees to pay service charges on accounts over 30 days old. These service charges will accrue at the rate of 1½% per month (18% per annum).
- The undersigned hereby agrees to pay, in the event his/her account becomes delinquent and is turned over to an attorney for collection, reasonable attorney's fees plus all court and attendant collection costs.
- The undersigned authorizes Bertek Systems to conduct a credit investigation on the above information.
- 6. The undersigned must be an authorized signature for the above applicant.

BANKING REFERENCE (NAME, ADDRESS, TELEPHONE, ACCOUNT NUMBER)									
CHECKING:									
WHAT BEST D	ESCRIBES YO	OUR BUSINESS?							
MANUFACTUR	ER	WHOLESALER	DISTRIBUTOR	RETAILER	AGRICULTURAL	MULTIPLE - MARK ALL THAT APPLY			
DO YOUR PURCHASES QUALIFY FOR ANY SALES TAX EXEMPTIONS? (INCLUDING BUT NOT LIMITED TO PACKAGING OR RESALE)									
YES	NO	IF YES, PLEASE ATTACH COMPLE	ETED CERTIFICATE	RETAILERS WILL BE CHARGED TAX ON TOTAL PURCHASE UNLESS PRODUCT TAXABILITY IS PROVIDED. PLEASE CONSULT YOUR STATE TAX REGULATIONS.					
IS FIRST ORDE	R ATTACHED)?							
YES	NO								
PRINT NAME				DATE					
ALITI IODIZED O	IONATURE (OF	EE ODTIONO AT DIOUT							
AUTHORIZED S	IGNATURE (SE	EE OPTIONS AT RIGHT)							

AUTHORIZED SIGNATURE OPTIONS

1. PRINT/SIGN/FAX

2. PRINT/SIGN/SCAN/EMAIL

3. INSERT DIGITAL SIGNATURE/EMAIL