

ACCOUNT APPLICATION

BUSINESS NAME: _____ TEL () _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

BUSINESS TYPE: CORPORATION - name and state: _____

SOLE PROPRIETOR PARTNERSHIP

BUSINESS PRINCIPAL NAME	DATE OF BIRTH	DL NO/STATE

PRESENT OWNERSHIP: _____ YEARS FED.I.D. NO.: _____

BANK: _____
(NAME & TELEPHONE NUMBER) (ACCOUNT NUMBER(S))

REFERENCES: (NAME, CITY, STATE, EMAIL, TELEPHONE & FAX #'S)

- (1) _____
- (2) _____
- (3) _____
- (4) _____

I (WE) hereby authorize the above named band to disclose any and all information necessary for the completion of this Credit Application to Arctic Foam (Seller). (Bank Authorization)

Upon acceptance of your application for credit and upon our shipping of goods to you upon credit terms, you agree to be bound by the terms of the invoice or statement. You further agree that a facsimile copy of this executed agreement is sufficient for the purpose of conducting a credit investigation and to satisfy the Best Evidence Rule in my court proceeding. If payment is not made in accordance with the terms of sale, Buyer agrees to pay a service charge to the Seller of 1.5% per month. In the event that Arctic Foam is required to take legal action in order to recover any monies that may be due under the extension of credit, you agree that the Seller shall be entitled to recover all costs and fees incurred therein. All questions of the validity, interpretation, or performance of any of its terms of any rights or obligations of the parties to this agreement shall be construed pursuant to and governed by California law. If any term of this agreement is held by a court of competent jurisdiction to be void or unenforceable, the remainder of the contract terms shall remain in full force and effect. Your signature acknowledges request for the extension of credit on the above terms and conditions and signifies your agreement to such. By MY/OUR signature(s), I/WE authorize and give permission to Arctic Foam to run a full investigation of MY/OUR credit history, including, but not limited to, obtaining a consumer credit report.

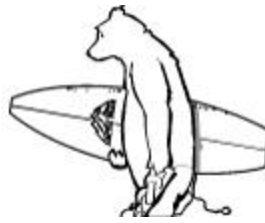
PRINCIPAL: _____ PRINCIPAL: _____

TITLE: _____ TITLE: _____

DATE: _____ DATE: _____

305 Airport Road, Suite F • Oceanside, California 92058

760-721-5100 phone • 760-721-5101 fax



ACCOUNT APPLICATION CONT'D

TERMS REQUESTED:

- DEFAULT TERMS ARE COD CASH/CREDIT CARD
- COD COMPANY CHECK
- CREDIT CARD ON FILE (ADDITIONAL FORM REQUIRED)
- NET 7
- NET 15
- NET 30

For Office Use Only:

Terms Granted: _____

References Checked: _____