

CUSTOMER INFORMATION			
Credit Line Requested:			
Company Name:		Contact Person:	
Phone No:		Fax No:	
Shipping Address:		Email:	
City, State & Zip:			
Billing Address:		Phone No:	
City, State & Zip:		Fax No:	
Accounts Payable Contact:		Phone No:	
Email:		Fax No:	
Type of Business:		Type of products you will purchase:	
BUSINESS INFORMATION			
Date Business Established:		If Incorporated, Date of Incorporation:	
State of Incorporation:	Federal ID No:	Tax ID No:	
Dun & Bradstreet No:		# of Employees:	
<input type="checkbox"/> Incorporation <input type="checkbox"/> S-Corporation		<input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation	
		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit Organization	
		<input type="checkbox"/> LLC <input type="checkbox"/> LLP	
Tax Exempt: <input type="radio"/> Yes <input type="radio"/> No <b>IF YES, PLEASE PROVIDE A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE.</b>			
PRINCIPAL INFORMATION (if more than two principals, please include a list)			
PRINCIPAL(S)			
1)		Title:	
Full Home Address:			
% Ownership:		Social Security No:	
2)		Title:	
Full Home Address:			
% Ownership:		Social Security No:	
TRADE REFERENCES			
Name		Account No:	Open Since:
Address:		Phone No:	
Contact:		Fax No:	
Name		Account No:	Open Since:
Address:		Phone No:	
Contact:		Fax No:	
Name		Account No:	Open Since:
Address:		Phone No:	
Contact:		Fax No:	

**BANK REFERENCE**

Name:	Account No:
Address:	Phone No:
Branch Contact:	Fax No:
Contact Email (optional):	Account open since:

Each individual signing below certifies that the information provided in this credit application is accurate and complete. I/We hereby authorize Micor Ind., Inc. and their respective agents and assigns to obtain business, as well as personal information regarding my/our credit history, via banks, trade references, credit reporting companies and other extenders of credit for the purpose of reviewing credit worthiness, increasing credit lines on the account (if applicable), taking collection action on the account, and for any other purpose associated with the account as may be required from time to time. I/We, by signing below, further waive any right or claim that I/we would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. The Patriot Act, to help the government fight the funding of terrorism and money laundering activities, requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**AGREEMENT:**

All payments are due in accordance with the terms of sale, as set forth on the invoice. If purchaser fails to make payments when due, purchaser may be liable to pay service charges on the unpaid balance at the end of each month at the monthly periodic rate of 1 1/2%, which equals an annual percentage rate of 18% or at highest rate of interest allowed by law. Micor Ind., Inc. reserves the right to increase the service charge upon written notice to purchaser and purchaser agrees to pay the increased service charge for purchases made after receipt of said notice.

In consideration of Micor Ind., Inc.'s sale of goods and services to the above-named individual/firm, all at the direction of Micor Ind. Inc., the undersigned (a) hereby certifies to the accuracy of the statements set forth in this application, (b) agrees to pay the service charges set forth above and all collections costs and fees in the event this account must be placed for collection, and if suite action is necessary venue will be in the county that Micor Ind., Inc. resides. (Note: If a corporation, an authorized corporate officer must sign.)

In consideration of the extension of business to the above firm at my/our request, I/we hereby personally guarantee the payment of all of its obligations to Micor Ind., Inc. to include all costs of collection fees. I/we waive notice of acceptance of the guaranty, notice of sale of merchandise sold by Micor Ind., Inc. to the individual/firm designated above, and notice of default. I/we consent to the extension of time of payment of the indebtedness or any portion thereof.

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signer's Printed Name

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signer's Printed Name

\_\_\_\_\_  
Date

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**ECOA NOTICE (TO BE RETAINED BY APPLICANT)**

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.