



ACCT # _____
TERR _____ CLASS _____
DATE _____
LIMIT _____

CREDIT APPLICATION

I, (we) would like to apply for an open account Amount Of Credit Applying For: _____
Business Name _____ Type of Business _____
Address _____ Shipping Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone Number _____ FAX _____ Phone Number _____ FAX _____
Accounts Payable Contact _____ Purchase Order/Special Instructions? _____

Complete Application Section: Individual () Partnership () Corporation () Other () Subsidiary of _____

OWNER'S, OFFICER'S, DIRECTOR'S, OR PARTNER'S NAME

1. _____ Address _____ City _____ State _____ Zip _____
2. _____ Address _____ City _____ State _____ Zip _____

Year Incorporated _____ Taxpayer's Identification Number or Owner's Social Security Number _____

Years in Business _____ # _____

Bank Name _____ Checking Account # _____

Address _____ Savings Account # _____

City _____ State _____ Zip _____ Phone Number _____

CURRENT BUSINESS REFERENCES

(1) _____ Name _____ Account Number _____
Street _____ City _____ State _____ Zip _____ Telephone _____

(2) _____ Name _____ Account Number _____
Street _____ City _____ State _____ Zip _____ Telephone _____

(3) _____ Name _____ Account Number _____
Street _____ City _____ State _____ Zip _____ Telephone _____

Number of Employees _____ Estimated Annual Sales \$ _____ Sales Area _____

Has the firm or any of its Principals ever filed bankruptcy? Yes No

If yes, please explain: _____

NOTE: If corporation is less than three (3) years old, the following guaranty must be completed by an officer of the corporation.

PERSONAL GUARANTY

To induce you to sell or agree to sell goods and services and/or extend credit to _____
(the "Company"), and in consideration of the same, the undersigned hereby primarily and unconditionally guarantee the full performance by
the company of all orders, contacts and commitments now existing and/or hereafter entered into between you and the company, including but
not limited to full payment of any and all amounts at any time owing to you and all damages, attorney's fees and expenses suffered by you as a
result of any breach by the company. This is a continuing and irrevocable guarantee of payment and not of collection. The undersigned hereby
waive notice of acceptance hereof and of all orders, commitments, modifications thereof and of any and all defaults. The liability of the
undersigned shall be deemed joint and several.

This is the _____ day of _____.

Guarantors: _____ Addresses: _____

SWORN TO AND ACKNOWLEDGED BEFORE ME

This _____ day of _____ Notary Public

- 1. Buyer recognizes Seller's terms as 2%/10 Days Net 30 and acknowledges and authorizes a service charge of 1.5% per month (19.57% annual) on any past due amounts.
2. SELLER SHALL HAVE THE RIGHT TO: (a) declare the entire indebtedness due and payable if default occurs in making any payment when due; (b) if referred to an attorney for collection, to charge a reasonable attorney's fee and court cost; (c) to change the terms of the account from time to time; (d) to limit the amount of credit extended under this account or terminate the account, upon giving written notice thereof, but it may avail itself of the terms of this agreement until full payment of the entire balance with Finance Charge to date of payment has been received.
3. An administrative fee of \$25.00 will be assessed for any checks returned due to Non-Sufficient Funds.
4. In submitting this application for credit, I authorize you to investigate my credit record including but not limited to contacting my bank and any suppliers.

I certify that the above information is correct and agree to the terms shown.

SIGNATURE OF OWNER/PARTNER OR OFFICER _____ DATE _____
SIGNATURE OF OWNER/PARTNER OR OFFICER _____ DATE _____

ELYRIA SPRING & SPECIALTY INC.

Until credit is approved, each account will be serviced on a C.O.D. basis

CREDIT INFORMATION RELEASE FORM

In submitting this Credit Application, I authorize your company to investigate my credit history.

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SIGNATURE OF OWNER/PARTNER OR OFFICER _____ DATE _____