

CREDIT APPLICATION

REMSCO, INC.
1515 FLORIDA AVENUE
P.O. BOX 1999
PANAMA CITY, FL 32402
PHONE: 850-785-0505

In order to establish an open account with our Company, the following information must be obtained in full before credit may be granted. We will rely upon the enclosed information in making credit determinations and if your credit is approved, we will sell you goods relying on this information. Thank you.

Account Name _____
Street Address _____
Mailing Address _____
City _____ State _____ Zip Code _____

Complete the following for all principle officers or owners. If more space is needed, please use the bottom of page 2.

1. Name _____
Home Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Own _____ Rent _____
Title _____

2. Name _____
Home Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Own _____ Rent _____
Title _____

Credit terms of Remsco, Inc. are:

- a.) Our terms are 2%, 10th prox. Net 30 days. The discount is allowable only on the subtotal of the invoice; no discount is allowed on freight or sales tax.
- b.) If an invoice remains unpaid 45 days from the invoice date, accounts are on C.O.D.
- c.) Interest at the rate of 1.5% per month will be charged on all invoices that are unpaid after 30 days.
- d.) In the event it becomes necessary to place the account with an attorney for collection, the undersigned further agrees to pay all costs of collection including reasonable attorneys fees of 30% of the balance owing.

I understand the credit terms and agree to be bound thereby in the event credit is granted. I authorize investigation of all credit references listed.

Amount of credit desired
within a 30 day period

\$ _____

Signature

Date Title

CREDIT INFORMATION

Please complete the following in full, as all requests must be in writing. Your assistance will help expedite your application. All information will be held confidential.

BANKING REFERENCES:

Name of Bank _____
Mailing Address _____ Phone Number _____
City _____ State _____ Zip _____ Bank Officer _____
Title _____

COMMERCIAL SUPPLIERS REFERENCES:

1. Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Account Number _____

2. Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Account Number _____

3. Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Account Number _____

PERSONAL GUARANTY

Date _____ 20 ____

This Guaranty is hereby made to Remsco, Inc. (hereinafter referred to as "Remsco"). I, _____

_____ residing at _____

_____ for and in consideration of Remsco extending at our request credit to

_____ (hereinafter referred to as to "Company"), of which

_____ is _____ hereby personally do jointly and severally

guarantee to Remsco the payment at Panama City in the State of Florida of any obligation of the Company; and we hereby agree to bind ourselves to pay Remsco on demand any sum which may become due to Remsco by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

If Remsco should find it necessary to bring suit against the guarantor(s) on this agreement, guarantor(s) do hereby agree to pay all the costs and expenses of collection including reasonable attorneys' fees of 30% of the balance owing.

Any and all suits between Remsco and the undersigned arising from dealings between Remsco and the Company may be instituted and maintained in any court of competent jurisdiction in the County of Bay, State of Florida.

Witness: _____

Signature: _____

Address: _____

Signature: _____
