

ROLLON CUSTOMER ACCOUNT – CREDIT APPLICATION

PLEASE NOTE: This Credit Application must be completed in full. An owner or authorized officer must sign and date the application. A list of 3 trade references with fax numbers is required. A pre-printed list may be attached. References are checked prior to credit approval.

GENERAL COMPANY INFORMATION			
COMPANY NAME			
BILL TO ADDRESS			
SHIP TO ADDRESS			
	<small>STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP</small>
TELEPHONE NO.		FAX NO.	
BUSINESS TYPE		YEARS IN BUS.	
FEDERAL ID NO.		D & B NO.	
NAICS NO.		SIC NO.	
COMPANY CONTACT INFORMATION			
A/P CONTACT		TELEPHONE NO.	
A/P MANAGER		TELEPHONE NO.	
NAME OF BANK		TELEPHONE NO.	
BANK ADDRESS			
	<small>STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP</small>
BANK CONTACT		ACCOUNT NO.	
TRADE REFERENCE INFORMATION			
1. CO. NAME		ACCOUNT NO.	
ADDRESS			
	<small>STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP</small>
TELEPHONE NO.		FAX NO.	
2. CO. NAME		ACCOUNT NO.	
ADDRESS			
	<small>STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP</small>
TELEPHONE NO.		FAX NO.	
3. CO. NAME		ACCOUNT NO.	
ADDRESS			
	<small>STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP</small>
TELEPHONE NO.		FAX NO.	
<p>ROLLON CORPORATION'S standard terms are Net 30 Days, unless otherwise confirmed in writing. There is a FINANCE CHARGE on all accounts not paid within 30 days from the date of the first billing. The FINANCE CHARGE is 1.5% per month; the ANNUAL PERCENTAGE RATE is 18%. All orders are bound by Rollon's Standard Terms and Conditions. In the event this account is placed with an attorney for collections, applicant and guarantor herein agrees to pay all legal fees equal to 25% of the outstanding balance as well as costs and accrued interest. The above stated corporate entity and guarantor consent to the jurisdiction and venue of the courts of the State of New Jersey, Sussex County, for any and all litigation arising out of this agreement.</p>			
COMPANY AUTHORIZATION TO ESTABLISH A ROLLON ACCOUNT			
SIGNATURE		TITLE	
PRINTED		DATE	
DO NOT WRITE BELOW THIS LINE – ROLLON INTER-OFFICE USE ONLY!			
DATE SUBMITTED		ACCT. APPROVAL	
SALES ORDER NO.		APPROVAL DATE	
CREDIT AMT REQ.		APPROVAL AMT	
SUBMITTED BY		DATE DECLINED	