

Dear Customer:

Thank you for your interest in establishing a credit account with our firm. It is our philosophy that credit is a privilege, and like you, we allow credit to those who have proven that they are responsible for their debts. In keeping with this philosophy, we ask you to spend a few minutes completing this form.

OFFICE USE:	
S-ID	C A/D
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1 COMPANY INFORMATION

FIRM NAME		FAX NUMBER	
OWNERSHIP:	<input type="checkbox"/> Corporation* <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	BUSINESS TYPE	YEAR ESTABLISHED
BUSINESS ADDRESS		PHONE	
CITY	STATE OR COUNTRY	ZIP CODE / POSTAL CODE	
NAME OF PERSON IN CHARGE OF ACCOUNTS PAYABLE		AT PRESENT LOCATION SINCE	
NAME OF CORPORATE OFFICER, PARTNER, OR SOLE PROPRIETOR			
HOME ADDRESS OF SAME		HOME PHONE	
CITY	STATE OR COUNTRY	POSTAL CODE / ZIP CODE	

* If Subsidiary, list parent company and address

2 TRADE REFERENCES (MINIMUM 4 REQUIRED)

1. NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
2. NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
3. NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
4. NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

3 FINANCIAL DETAILS (PLEASE ATTACH LIST IF NECESSARY)

REAL ESTATE OWNED	VALUE \$	MORTGAGE \$
MACHINERY OWNED	VALUE \$	MORTGAGE \$
DO YOU PLEDGE YOUR ACCOUNTS RECEIVABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TO WHOM?

4 BANK INFORMATION

BANK ACCOUNT NO. <input type="checkbox"/> checking <input type="checkbox"/> savings	BANK ACCOUNT NO. <input type="checkbox"/> checking <input type="checkbox"/> savings
BANK NAME	BANK NAME
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

5 AGREEMENT, RELEASE & SIGNATURE

I hereby certify that the information I have provided is true and accurate. In consideration for credit being extended, I (we) acknowledge and agree to the terms and conditions on the reverse side. I (we) have reviewed them carefully. They will constitute our contract unless we agree in writing to changes or additions. I hereby certify that you may obtain and investigate any information you deem necessary for the evaluation of my credit status.

AGREED TO AND ACKNOWLEDGED BY X	TITLE
NAME (PLEASE PRINT)	DATE

CREDIT TERMS & CONDITIONS

- I Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery;
- II any charges unpaid after the above 30 days will be increased by 1.5% per month (annual rate, 18%) as liquidated damages. You hereby agree that such liquidated damages amount is reasonable. Payment of the liquidated damages amount does not constitute waiver of prompt payment; all amounts are payable when due. When you have a delinquent account with us (over 30 days old) we will not sell any more merchandise to you until the balance has been cleared. Repeated late payments will result in the account being reverted to C.O.D. status;
- III any charges still outstanding after 90 days from date of delivery are subject to collection through the legal system. Arbitration expenses, attorney's fees, and court costs will be awarded to the prevailing party;
- IV title to all goods shall remain with Blue Ribbon until all invoices and additional charges have been paid in full;
- V you represent that you are solvent. On each order and on each delivery, this representation shall be deemed to be renewed and incorporated by reference unless notice to the contrary is given in writing by you to us at or before delivery of the goods;
- VI all claims, requests for adjustments, or notification of errors must be made in writing within 10 days, or charges are considered accepted;
- VII all returns are subject to pre-approval in advance and a 15% restocking fee;
- VIII all returned checks are subject to a minimum \$25.00 charge;
- IX this agreement shall apply to all current and future charges unless revocation is received by registered mail;
- X credit privileges may be withdrawn at any time without invalidating the terms of this agreement; and you may not assign this agreement without our prior written consent.