



7300 COMMERCIAL CIRCLE
 FORT PIERCE, FLORIDA 34951
 PHONE: 772-461-4486 FAX: 772-461-3319

CREDIT APPLICATION - SECURITY AGREEMENT

To secure credit from Pressure-Pro, a Florida Corporation, herein called "Secured Party," the undersigned, herein called "Debtor," makes the following representations and agrees as follows.

Business Name _____ Line Of Credit Requested _____

Mailing Address _____ City _____ State _____ Zip Code _____

Shipping Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____

D.B.A. _____ Federal ID _____

What is your type of business? _____ Date Established _____

Ownership Status Sole Proprietor Partnership Corporation

Principal

Name _____ Title _____ Social Security # _____

Name _____ Title _____ Social Security # _____

Bank References

Name _____ Address _____ Account Number _____ Phone Number _____

Trade References

Name _____ Address _____ Phone Number _____ Fax Number _____

Name _____ Address _____ Phone Number _____ Fax Number _____

Name _____ Address _____ Phone Number _____ Fax Number _____

Name _____ Address _____ Phone Number _____ Fax Number _____

PLEASE SUBMIT A COPY OF YOUR SIGNED RESALE CERTIFICATE AND W-9 FORM

CREDIT APPLICATION

Has the firm or any of its principals ever filed for bankruptcy? YES NO

If yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis of the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. The Secured Party is authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed, and agrees to pay a service charge per month of 1 1/2% per month (18% annual percentage rate) on past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Name of Business

Name

Title

Signed By

Name

Title

Signed By

My signature above authorizes fax transmissions to my business notifying me of new products, specials, promotions or updates. If I elect to opt out of these faxes, I understand that I may not be notified of updates or promotions.

(Initial Here)

PERSONAL GUARANTEE

In consideration for **Pressure-Pro** extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocable the prompt payment of any sums now or hereafter owed to **Pressure-Pro** by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between **Pressure-Pro** and the business. **Pressure-Pro** shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by **Pressure-Pro**.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by **Pressure-Pro**. Said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date _____ Name _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Social Security # _____

Name of Guaranteed Business _____

Signature of person guaranteeing payment