



Abby Gonzalez
 Accounts Receivable
 (800) 624-3994 ext 373
 (818) 734-8389 Fax
 agonzalez@remedpar.com

*****All information must be provided and faxed to (818)734-8389 for processing *****

| Customer Information | | | |
|---|--------------------|--|-------------------|
| Customer Name: | | DUNS No. | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Other _____ | | | |
| Street Address | | P.O. Box: | |
| City: | State | Zip Code | Email: |
| Telephone | FAX | Web Site | |
| Contact Person: | Type of Business: | | Years in Business |
| Credit Limit Requested: | Federal Tax ID No. | Sales Tax Exempt No. | |
| Parent Company | | | |
| Parent Company: | | DUNS No. | |
| Street Address | | P.O. Box: | |
| City: | State | Zip Code | Email: |
| Telephone | FAX | Web Site | |
| Information on Principals | | | |
| For Proprietorship or Partnership- List all Owners and/or Partners | | For Corporations or LLCs- list CEO and CFO | |
| Name | Address | Phone | Position |
| | | | |
| | | | |
| | | | |

Have any of the companies or individuals listed above ever been a debtor in a bankruptcy proceeding? Yes No

Has any judgment ever been entered against any of the companies or individuals? Yes No

Are there any legal actions or arbitrations pending against any of the companies or individuals listed above? Yes No

Credit References (attach separate schedule if necessary)

Primary Bank:

| | | |
|-----------|-------|-------------|
| Name: | | Account No. |
| Address | | Contact: |
| City | State | Zip Code |
| Telephone | FAX | Email: |

Trade References: (please provide at least 3)

| | | |
|-----------|-------|-------------|
| Name: | | Account No. |
| Address | | Contact: |
| City | State | Zip Code |
| Telephone | FAX | Email: |

| | | |
|-----------|-------|-------------|
| Name: | | Account No. |
| Address | | Contact: |
| City | State | Zip Code |
| Telephone | FAX | Email: |

| | | |
|-----------|-------|-------------|
| Name: | | Account No. |
| Address | | Contact: |
| City | State | Zip Code |
| Telephone | FAX | Email: |

| | | |
|-----------|-------|-------------|
| Name: | | Account No. |
| Address | | Contact; |
| City | State | Zip Code |
| Telephone | FAX | Email: |

Financial Information

Please attach a separate financial statement. If not attached, provide the following information.

| | |
|-----------------------------------|---|
| Cash & Equivalents _____ | Accounts Payable & Accruals _____ |
| Accounts Receivable _____ | Other Current Liabilities _____ |
| Inventory _____ | |
| Other Current Assets _____ | |
| Total Current Assets _____ | Total Current Liabilities _____ |
| Fixed Assets _____ | Other Liabilities _____ |
| | Stockholders Equity _____ |
| Total Assests _____ | Total Liabilities & Equity _____ |

For the 12 months ended:

| | |
|--------------------|----------------------------------|
| Sales _____ | Net Profit / (Loss) _____ |
|--------------------|----------------------------------|

Terms and Conditions

I/We certify that the above information is correct and complete and further understand that Seller will rely on this information for the extension of credit. Customer authorizes Seller to periodically obtain credit reports on customer or any individuals listed above or to obtain credit and funding information for other persons or entities listed above. Customer further agrees to supply such additional information as may be required by Seller to warrant the future extension of credit or to enable the Seller to perfect liens' or recover upon any bond issued.

Seller agrees that financial information provided will be kept confidential and used solely for the purposes of evaluating credit worthiness.

Seller may stop the supply of any product when it, in its sole discretion, determines that Customer is in breach of this Agreement or any other contract with Seller or Seller has insecurity with respect to Customer's credit worthiness, until payment is made and any dispute or insecurity has been resolved.

Buyer fully understands that credit terms are Net 30 Days unless specifically stated otherwise and agree to proper payment in consideration of extended credit.

Applicant(s):

| | |
|--------------|--------------|
| By: _____ | By: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |
| Date: _____ | Date: _____ |

CREDIT APPLICATION NOT ACCEPTED WITHOUT APPROVAL OF SELLER'S CREDIT DEPARTMENT.