

# CREDIT APPLICATION

The undersigned, hereby applies to Active Foam Products Inc. , for permission to charge purchases on an open account; and if such charges are made, the undersigned agrees to the following terms and conditions:

1. To pay in full the account balance due thirty days after invoice date.
2. To pay a Finance Charge computed at the periodic rate of 1.5% per month beginning on the 35th day from date of invoice. (Annual percentage rate is 18%.)
3. To pay reasonable collection costs and attorney's fees if the account is in default.
4. Active Foam Products Inc. can at any time refuse to permit further purchases, or may limit the amount of items that can be purchased.
5. The undersigned discloses the following credit information for the purpose of obtaining open account privileges. Please fill out completely . Orders will be shipped COD-CASH until credit is approved.

COMPANY NAME _____	PHONE _____
ADDRESS _____	FAX _____
CITY _____	STATE ____ ZIP _____
RESALE NUMBER _____	TAX I.D. _____
OWNER'S NAME _____	
E-MAIL ADDRESS _____	WEB SITE _____

**TRADE REFERENCES: PLEASE INCLUDE FAX NUMBERS TO HELP EXPEDITE THE CREDIT PROCESS.**

**1** FIRM NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**2** FIRM NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**3** FIRM NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**PERSONAL GUARANTY**

The undersigned personally guarantees this account in consideration of Active Foam Products Inc. selling the customer on an open account, and will be obligated under the terms of the above agreement.

\_\_\_\_\_  
 GUARANTOR

\_\_\_\_\_  
 DATE