

Guarantor:

Allied Rubber & Gasket Company, Inc. 5816 Dryden Place, Suite 101 Carlsbad, CA 92008

Phone: 800-854-1015 Fax: 800-924-5922

. Individually

CREDIT APPLICATION DATE COMPANY NAME BILLING ADDRESS SHIP TO ADDRESS FAX NO. TELEPHONE NO. TYPE OF BUSINESS: SOLE PROPRIETORSHIP □ PARTNERSHIP □ CORPORATION □ DATE BUSINESS BEGAN SALES TAX EXEMPTION NUMBERS: (ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, FLORIDA, OHIO ONLY) ARI. EXEMPT # CAL. EXEMPT # COL. EXEMPT # FLA. EXEMPT # OHIO EXEMPT # OWNER/OFFICER OWNER/OFFICER TITLE ADDRESS ADDRESS CITY_____STATE____ZIP____ CITY_____STATE____ ZIP____ HOME PHONE()______ HOME PHONE()_____ NAME OF BANK ADDRESS ACCOUNT NO. **VENDOR TRADE REFERENCES** 1. COMPANY NAME_____ 2. COMPANY NAME ADDRESS ______ STATE_____ ZIP_____ STATE ZIP FAX _____ FAX COMPANY NAME 4. COMPANY NAME ADDRESS_____ CITY STATE ZIP CITY_____STATE___ZIP____ FAX FAX_____ PHONE TERMS: Credit terms are net upon receipt of invoice. Invoices not paid within 30 days of invoice date will be assessed a 2% per month Finance Charge. All accounts over 30 days will automatically be shipped on a C.O.D. basis and relinquishes their privilege to credit until satisfactory credit is restored. I/we understand and agree that the information provided is for the purpose of obtaining merchandise on credit. I/we further understand and agree that all accounts or monies due to ARGCO shall be paid in accordance with the Credit Terms stated above and agree to pay all reasonable costs of collection, in addition to any court costs and/or attorney fees incurred. I/we authorize investigation of all credit references listed. _____ Title: _____ By: ____ ___ Title: _____ Date:_ ______ Title: _____ _ Date:__ Guaranty: I/we, the undersigned, do hereby guarantee payment, as individuals, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all of its terms and conditions. Guarantor:__ __, Individually