

KEMCO INDUSTRIES, LLC

APPLICATION FOR CREDIT

Name of Business or Individual: _____
Business Address: _____
City: _____ State _____ Zip _____ Years at this Address _____
Phone Number: (____) _____ Fax Number: (____) _____ AP Contact Name: _____

Mailing Address: _____
City _____ State _____ Zip _____

Are you exempt from Sales Tax ? Yes ___ No ___ (If yes, Please provide copy of Sales Tax Exemption Certificate)

Sales Taxes you are required to Pay: State _____% County _____%

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

___ Corporation ___ Check here if incorporated within the past 12 months ___ Partnership ___ Individual
Federal ID #/Social Security #: _____

Names of Principal(s) Complete Address Phone
(1) _____
(2) _____
(3) _____

Financial Statement Available ___ Yes ___ No
Total Sales Volume of Your Company: _____
Credit Limit Desired: _____ Payment Terms Desired: _____

FINANCE:

Bank: _____ Bank Address: _____
Bank Officer or Department: _____ Phone: _____ Fax: _____

REFERENCES: (Be sure to include your FAX number to expedite processing.)

Business Name Complete Address Area Code & Phone # Fax #
(1) _____ (____) _____ (____) _____
(2) _____ (____) _____ (____) _____
(3) _____ (____) _____ (____) _____
(4) _____ (____) _____ (____) _____

___ Check here if cash sales are okay until credit is approved.

Do Not Write Below This Line

___ COD ___ Deposit with Order _____% ___ Open Credit Line _____
___ Financial Statements Required ___ Credit Report Required ___ Disapproved
___ Form Completed ___ Incomplete Follow-Up Date __/__/__

Reviewed and Approved By: _____ Date: _____
Comments: _____

EVEN IF YOU ARE SUBMITTING YOUR OWN CREDIT INFORMATION

THE FOLLOWING GUARANTEES MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST FOR CREDIT

OVER

BOTH THE COMPANY AND PERSONAL GUARANTEE MUST BE COMPLETED

COMPANY GUARANTEE

_____ promises to pay my (our) account in full on or before the due date as shown on each invoice generated by the purchase of goods and/or services. In the event this account is not paid as agreed, a delinquency charge shall accrue as follows. The delinquency computed at a rate of eighteen percent (18%) per annum on the unpaid balance, except in the event the transaction involves a "consumer" transaction as defined by the laws of the State of Florida, or a transaction in a state outside of Florida state, then at the highest rate of interest allowed by applicable law, for loans of forbearances of money.

KEMCO Industries, LLC has the right to apply payments to the oldest balances, including delinquency charges; issue credits for returned merchandise, less restock fees; grant additional time to repay delinquent balances; and take promissory notes, record liens, or take other forms of security on a delinquent account without further notice.

I (We) agree to pay, in addition to the foregoing, reasonable attorney's fees incurred in connection with the collection of this account, regardless of whether or not suit is actually filed; and in addition, any fees and/or costs incurred in any subsequent action to enforce any judgement obtained relating to this account.

You are hereby authorized to contact any or all of the references listed herein, including our bank, and further utilize outside consumer and commercial credit reporting services to obtain information regarding our credit standing.

I (We) certify that all the information contained in the application for credit and any attachments, it true and correct to the best of my (our) information, knowledge and belief. I (We) promise to promptly notify you, in writing, of any changes hereafter relating to the information supplied herein.

(Signature) _____ (Date) _____

(Signature) _____ (Date) _____

PERSONAL GUARANTY

The undersigned, for good consideration, hereby absolutely and unconditionally guarantee(s) timely payment of all present and future indebtedness owed by Customer and its successors to KEMCO Industries, LLC together with interest on all delinquent accounts at the maximum rate allowed by law, plus all costs of collection, including reasonable attorney's fees.

GUARANTOR

(Print or Type Name)

Social Security #: _____

Dated: _____

(Address)

(Witness)

(Guarantor's Signature)

GUARANTOR

(Print or Type Name)

Social Security # _____

Dated: _____

(Address)

(Witness)

(Guarantor's Signature)