

BC Industrial Supply, Inc.

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Jacksonville, Florida 32254
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Remit: PO Box 6429
Jacksonville, Florida 32236

*Thanks for choosing us.
We do whatever it takes!*

TRADE CREDIT APPLICATION

To BC Industrial Supply, Inc. ("BCIS"): For the purpose of establishing trade credit with BCIS, the undersigned Applicant furnishes the following information. Applicant represents and warrants that said information is true and correct and provides an accurate statement of Applicant's financial condition.

Terms Requested: Net 30 ___ COD Company Check ___ Credit Card ___ Credit Line Requested: _____

Legal Name of Applicant _____

Trade Name: dba _____ Federal Tax ID No. _____

Billing/Shipping Address _____

City, County, State, Zip _____

Phone _____ Fax _____ Email _____

Corporation ___ Limited Liability Company ___ Sole Proprietorship ___ Partnership ___

Time at Address ___ Rent ___ Own ___ Years in Business ___ Line of Business _____

Dun & Bradstreet No. _____ Tax Exempt No. _____ (provide copy of certificate)

A/P Contact _____ A/P Phone _____ A/P Fax _____

A/P Email _____ P.O. Number Required? _____

Do you want invoices sent by Fax ___ or Email ___ ? Annual Sales Volume _____

Principals _____ Estimated Monthly Purchases _____

Name and Title _____ Social Security No. _____

Name and Title _____ Social Security No. _____

Credit Card Information

Credit Card No. _____ Visa ___ MC ___ AMEX ___ Exp. Date _____

Name on Card _____ Signed: _____

I am an authorized signer on the above card and hereby give BCIS permission to bill the credit card when verbally requested.

Bank Information Bank

Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Account # _____ Phone _____

BOTH SIDES MUST BE COMPLETED AND SIGNED FOR NET TERMS CONSIDERATION

Creditor References

Company Name _____ Account # _____

Address _____ Contact _____

City _____ State _____ Zip _____ Phone _____ Fax _____ Credit Line _____

Company Name _____ Account # _____

Address _____ Contact _____

City _____ State _____ Zip _____ Phone _____ Fax _____ Credit Line _____

Company Name _____ Account # _____

Address _____ Contact _____

City _____ State _____ Zip _____ Phone _____ Fax _____ Credit Line _____

By signing below, the undersigned confirms that all of the information contained in this Application is true and correct, and further accepts and agrees to be bound by the terms and conditions set forth herein and in any and all BCIS invoices and price lists. No terms or conditions of purchase orders different from terms granted will become part of any transaction unless approved in writing by BCIS. No deductions are allowed unless agreed to in writing by BCIS. Any returns are to be made with prior approval only and may be subject to a restocking fee. Special orders and/or non-stock items are not returnable.

The undersigned authorizes release of all banking and credit information of Applicant, both business and/or personal, requested by BCIS. This form may be reproduced or photocopied, and a faxed copy shall be as effective consent as the original.

Monies owing on all orders are due and payable in accordance with the terms of the applicable invoice. A \$50 fee will be added to all account balances for each returned check. A late charge of 1.5% per month will be added to any amount not paid within the terms of the invoice. If payment is not made with the terms of the invoice, BCIS may, without demand, declare the account balance immediately due and payable and terminate the Applicant's ability to receive further trade credit. BCIS may proceed, without demand, with any legal remedy available for collection of unpaid amounts, including recovery of reasonable attorneys' fees, court costs and other legal and collection expenses. BCIS may choose not to exercise or to delay enforcement of any of its rights under this Application without losing them, and, in so doing, BCIS shall not waive any of such rights or any of its other rights.

Regulation B of the Federal Reserve Board provides you the right to obtain a written statement of the specific reasons for adverse credit decisions. To obtain such statement, please contact us in writing within sixty (60) days from the date you are notified of our decision. We will provide our written response within thirty (30) days. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, N.W., Washington, D.C. 20580.

Authorized Signature _____ Date _____

Printed Name and Title _____

Continuing and Irrevocable Personal Guaranty: _____, residing at _____, and _____, residing at _____ (collectively, jointly and severally, "Guarantors"), for and in consideration of your extending credit at

Guarantors' request to _____ (hereinafter "Company"), hereby personally guarantee the payment to BC Industrial Supply, Inc. ("BCIS"), of all obligations of the Company to BCIS, and Guarantors hereby agree to bind themselves, jointly and severally, to pay BCIS on demand any sum that may become due to BCIS from the Company (including, but not limited to, legal fees and costs) whenever the Company shall fail to pay the same. Further, Guarantors hereby subrogate any indebtedness of the Company, that it may have to Guarantors to the indebtedness of the Company owed to BCIS. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. Guarantors do hereby waive notice of default, non-payment and notice hereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Guarantor _____ SSN# _____ Date _____

Witness/Notary _____

Guarantor _____ SSN# _____ Date _____

Witness/Notary _____