

APPLICATION FOR CREDIT SNOHOMISH CO-OP, INC.

Applicant's Name: _____

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Type of Entity : Corporation LLC Partnership Sole Proprietorship

Employer Identification Number: _____

Social Security Number (Sole Proprietorship): _____

Year applicant commenced business: _____

Credit Limit Requested: _____ Will you provide financial statement? YES NO

A Personal Guaranty is REQUIRED. Please sign and return with completed application.

Principal Owners: _____

Are you a licensed Contractor? YES NO

If yes please list state _____ License# _____

Will you be purchasing product for resale, exempt from sales tax? YES NO

If yes please complete and return exemption certificate.

Do you require purchase orders or wish to restrict who may purchase on this account?

YES NO

If yes please explain terms and limitations.

Are you currently delinquent or past due on any credit accounts? YES NO

If yes please explain:

Are there any unsatisfied judgements against you? YES NO

If yes, please explain:

Have you filed for bankruptcy or been declared bankrupt in the past seven years? YES NO

If yes, please explain:

Bank Reference:

Name of Bank _____ Checking Account no. _____

Bank Address _____

Phone _____ Contact Person _____

Trade References

1. Name _____ Account no. _____

Address _____

Phone _____ Contact Person _____

2. Name _____ Account no. _____

Address _____

Phone _____ Contact Person _____

In the event that this application is accepted, payment terms shall be net 20 days following the date of invoice. Applicant agrees to pay a finance charge equal to eighteen percent (18%) per annum or one and one-half percent (1.5%) per month, \$5.00 Minimum) on all delinquent accounts and applicant further agrees to pay all collection costs, including reasonable attorney's fees, incurred in collecting any delinquent account, with or without suit.

Everything stated in this application is true and correct to the best of my knowledge. Snohomish Co-op, Inc. is authorized to verify my bank information, credit history and other information provided in this application, and to ask questions of listed references concerning their experience with my credit.

Authorized Signature _____ Date _____

Authorized Name (print) _____

I authorize Snohomish Co-op Inc. to automatically charge the credit card listed below for all charges sent to me per monthly invoice if the Co-op has not received my payment on the 20th of each month.

Credit Card Authorization

Name of Cardholder _____

Credit Card # _____ Expiration Date _____

GENERAL AND CONTINUING PERSONAL GUARANTY

I/ We hereby guaranty to Snohomish CO-OP,
hereafter referred to as "Vendor", the prompt payment, when due, of every claim of vendor which
now exists or may hereafter arise in favor of vendor against
_____, hereafter referred to as "Customer". This is a
continuing guaranty and shall remain in force until revoked by notice in writing to vendor; such
revocation shall be effective only as to claims of vendor which arise out of transactions entered into
after its receipt of such notice. This obligation shall cover the renewal of any claims guaranteed by
this instrument or extension of the time payment thereof and shall not be affected by any surrender
or release by vendor of any other security held by it for any claim hereby guaranteed.

The undersigned waives notice of acceptance hereof, notice of nonperformance or nonpayment by
customer, notice of presentment, demand for payment, or any and all further demands or other
notices.

In the event that this guaranty is placed in the hands of an attorney for enforcement hereof, the
undersigned promises and agrees to pay the reasonable attorney's fees incurred, and if suit or action
is filed hereon, also promises to pay reasonable attorney's fees to be fixed by the trial court and
appellate court, if any.

The undersigned personally guarantees payment of all debt incurred by customer to vendor.

I/We authorize the drawing of personal credit reports on the undersigned.

DATED this _____ day of _____, 200__.

Signature

Signature (Spouse or Second Corporate Officer)

Signature

Signature

Print Name

Print Name

Home Address

Home Address

City, State, Zip

City, State, Zip

Home Phone

Home Phone

Social Security Number

Social Security Number