

DISTRIBUTION INTERNATIONAL

FAX COMPLETED FORM TO:

410-771-3233

Email: _____@distributionintl.com

CONFIDENTIAL CREDIT APPLICATION

PLEASE TYPE OR PRINT CLEARLY

COMPANY NAME _____

BILLING ADDRESS _____
SHIPPING ADDRESS _____

TELEPHONE # () _____ FAX# () _____

TYPE OF BUSINESS (in detail) _____

TYPE OF ENTITY: Corporation _____ YEAR ESTABLISHED _____
Partnership _____ TAX EXEMPT? YES ___ NO ___ / Tax Rate: State ____, County ____, City ____
Individual _____ If yes, please attach a copy of the tax certificate.
LLC _____ WEB SITE: _____

DUN & BRADSTREET # _____ FEDERAL ID# _____

OFFICERS:

NAME ADDRESS TITLE

NAME ADDRESS TITLE

NAME ADDRESS TITLE

PURCHASING AGENT _____ A/P _____

EMAIL ADDRESS: _____ EMAIL ADDRESS: _____

ESTIMATED MONTHLY PURCHASE AMOUNT? _____

NAME OF PERSON COMPLETING THIS FORM _____

CREDIT REFERENCES (Please complete IN FULL)

1) _____
company name account #

street address city state zip
() ()
AREA CODE TELEPHONE # AREA CODE FAX #

2) _____
company name account #

street address city state zip
() ()
AREA CODE TELEPHONE # AREA CODE FAX #

3) _____
company name account #

street address city state zip
() ()
AREA CODE TELEPHONE # AREA CODE FAX #

4) _____
company name account #

street address city state zip
() ()
AREA CODE TELEPHONE # AREA CODE FAX #

BANK REFERENCES

1) _____
bank name account #

street address city state zip
(____) _____
area code telephone

1) _____
bank name account #

street address city state zip
(____) _____
area code telephone

FAXED COPY TO SERVE AS ORIGINAL

TERMS AND CONDITIONS OF SALE

- 1) This application for credit is being made to Distribution International Southwest, Inc. and/or BWI Distribution, Inc., dba: Distribution International, (hereinafter either company is called "Distribution International").
- 2) Our terms are net 30 days from date of invoice. Finance charges are assessed on past due account balances.
- 3) Product returns must be authorized. The customer is responsible for all return freight charges and a 15% stocking charge may be assessed on returned merchandise.
- 4) If account is referred to an attorney or agency in order to effect collection I (we) agree to pay all costs of collection including attorney or collection agency fees of 15% on both the principal and interest charged and court costs.
- 5) The applicant authorizes the above named creditor to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing business or has done any type of business to give any and all necessary information to the creditor which will assist the creditor in the credit investigation.
- 6) Distribution International retains the right to deny credit to any applicant whenever necessary.
- 7) If the applicant is a corporation, the person signing the application on the behalf of the applicant warrants that he/she is authorized to do so. If the applicant is not a corporation at the time of this application and subsequently incorporates his business, with or without the knowledge of Distribution International the applicant agrees to be jointly and severally liable for any indebtedness incurred by or transferred to such corporation.

Signature	Title	Date
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7) The undersigned, in consideration of the extension of credit to the applicant company in which he/she is an officer and/or maintains ownership interest hereby agrees to be personally liable for all purchases made on behalf of the applicant company, and by his/her signature hereon, hereby unconditionally guarantees payment. An initial credit limit will be established by Distribution International. This guaranty specifically covers purchases by applicant's company whether or not they exceed any credit limit which has been established.

Name of Owner/CFO (print)	Signature	date
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Name of Owner/CFO (print)	Signature	date
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SALES OFFICE USE ONLY

CREDIT DEPARTMENT USE ONLY

SALES REP. IN: _____ ORDER PENDING: \$ _____

SALES REP. OUT: _____ NEW ACCOUNT _____

DATE _____ UPDATE ACCT. # _____

WHSE _____ CONVERT CASH ACCOUNT # _____

C/T _____

APPROVED _____

PL _____

LIMIT _____

A/R SPEC _____