

CREDIT ACCOUNT APPLICATION

FOR THE PURPOSE OF ESTABLISHING CREDIT ACCOMMODATIONS OR UPDATING CREDIT INFORMATION, THE FOLLOWING IS PROVIDED

Applicant's Business Name			
Phone	Secondary Phone	Fax	
E-Mail Address		Web Address	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Type of Business (please describe)			Date Business Started
Check One <input type="checkbox"/> LLC If a Corporation, under what state? <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership (List Partners) <input type="checkbox"/> Corporation (List Officers) Date Incorporated _____ Federal Tax # _____			
Amount of credit line requested	Anticipated annual purchases from EZ-FLO (\$)	Number of Branches (attach list and addresses)	
Primary Purchasing Contact	Phone	Fax	E-Mail Address
Primary Payables Contact	Phone	Fax	E-Mail Address

PRINCIPAL'S INFORMATION

Principal's Name (Please Type or Print) 1. _____	Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Phone	Driver's License No.
	Street Address	Social Security Number	Marital Status
Title	City	Date of Birth	Spouse's Name
% of Company Owned	State Zip		
Principal's Name (Please Type or Print) 2. _____	Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Phone	Driver's License No.
	Street Address	Social Security Number	Marital Status
Title	City	Date of Birth	Spouse's Name
% of Company Owned	State Zip		
Principal's Name (Please Type or Print) 3. _____	Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Phone	Driver's License No.
	Street Address	Social Security Number	Marital Status
Title	City	Date of Birth	Spouse's Name
% of Company Owned	State Zip		
Are products purchased for resale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach resale card Resale Number _____			
Have you ever applied for or been extended credit at EZ-FLO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name?			
Has any principal of your company ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Has this company or predecessor company ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			

CREDIT REFERENCES- List here or include an attachment

Name			Phone
Street	City	State	Fax
Name			Phone
Street	City	State	Fax
Name			Phone
Street	City	State	Fax

BANK REFERENCES

Name of Bank			Phone
			Fax
Address	Commercial Account #	Loan Account #	Personal Account #
Name of Bank			Phone
			Fax
Address	Commercial Account #	Loan Account #	Personal Account #

Personal Guaranty: I/We sign this Credit Application and Credit Agreement on behalf of Applicant, and, as an individual(s), jointly and severally, personally guaranty payment of all present and future indebtedness of Applicant to EZ-FLO and waive all notices from EZ-FLO and waive the right to require EZ-FLO to proceed against Applicant. I/We also agree that our personal liability hereunder shall not be deemed to be released or discharged by any extension of time; by any other modification, substitution, settlement, supplement or compromise granted to Applicant; by any change in the legal form of ownership of Applicant including but not limited to any change in credit terms, amount of credit, or amount of service charges on past due accounts; or by the transfer of new or additional security by Applicant or by the undersigned to EZ-FLO. Liability under this Guaranty shall not be released or terminated by EZ-FLO's failure to exercise diligence in enforcing its rights against Applicant or against the undersigned. This is an absolute and continuing Guaranty.

Certification And Notices: I/We certify that everything stated on this application, and/or attachment is true to the best of my/our knowledge. All goods invoiced to Applicant by EZ-FLO shall be sold in reliance upon the information contained in, or attached to the document. The liability created by this document can be limited or terminated (by Applicant or Guarantor) only by a clear written notice sent by certified, return receipt mail, addressed to: EZ-FLO Systems, 3640 Cincinnati Ave. STE C, Rocklin, CA 95765. Applicant specifically authorizes any of its suppliers and/or banks to disclose to EZ-FLO any credit information regarding Application as may be requested by EZ-FLO.

Past Due Account: Any action to collect past due balances or to enforce the Personal Guaranty, may be filed in local Municipal Court, the local Superior Court or the Federal District Court. In the event of default in payment of Applicant's account with EZ-FLO, EZ-FLO may institute legal action to enforce mechanic's lien, stop notice, or joint-check agreement rights with respect to goods sold by EZ-FLO to Applicant; and add to Applicant's account all fees and costs incurred as a result of such legal action. Such costs and fees may be added to Applicant's account either during the litigation or at the conclusion of the litigation. Furthermore, in the event of a default in payment of Applicant's account with EZ-FLO, EZ-FLO shall also be entitled to (i) service charges in the amount of 1 1/2% per month on past due balances and (ii) in the event of suit against Applicant, Applicant and Guarantor agree to pay the full amount of EZ-FLO's actual attorney fees, plus other normal litigation costs; or (iii) in the event of assignment to a collection agency debtor will pay actual collection fees charged by collection agency to EZ-FLO.

This document may be executed and transmitted to EZ-FLO by facsimile machine and the facsimile transmission to EZ-FLO shall be deemed an original and shall be binding upon the undersigned upon its receipt by EZ-FLO.

Name (Please Print)	Title	Name (Please Print)	Title
Signature	Date	Signature	Date

THIS APPLICATION WILL NOT BE PROCESSED UNLESS SIGNED ABOVE

PLEASE RETURN YOUR COMPLETED APPLICATION TO:
 EZ-FLO Injection Systems, Inc.
 PO Box 1594
 Cranberry Township, PA 16066
 PHONE (866) 393-5601 FAX (412) 291-1765

Remember to enclose: 1) copy of resale certificate; 2) Branch locations and contact info; 3) Any other information needed to process this application.