

Dear Customer,

Thank you for your interest in **AIRZONE FANS, INC.**

To open an account with us, please fill out this form and return it as soon as possible.

More information will allow us to quickly process your application and also allow us to consider giving you a higher credit limit. Any and all information supplied will be held in the strictest confidence. Thank you.

CONFIDENTIAL CREDIT APPLICATION

ACCT #

Company name (legal): _____ Phone: () _____

Company name (DBA): _____ Fax: () _____

Address (no P.O. box): _____

City : _____ State: _____ Zip: _____

Sales Tax Certificate No. (if applicable): _____ (please send resale card with this application)

Premises: Space _____ sq.ft. Since (date): _____ Owned Rented

Type of business: Distributor Retailer Manufacturer Importer Exporter

Form of Business: Proprietorship Partnership Limited Partnership Corporation

Date Company started business: _____ State _____

Former Business name, if different from above: _____

If a subsidiary, please supply the following regarding parent office:

Company name: _____ Phone: () _____

Address: _____

Principals: Is the president of the company also the owner? Yes No

Name: _____ Title: _____ How long with company: _____

Home Address: _____ Phone: () _____

Name: _____ Title: _____ How long with company: _____

Home Address: _____ Phone: () _____

Individuals authorized to approve purchases: Name: _____ Title: _____

Name: _____ Title: _____

Insurance carrier on inventory: Fire Theft Other Incurred Amounts: \$ _____

Estimated purchases per month from AIRZONE FANS, INC.: Highest: \$ _____ Average: \$ _____

Term required: COD cash COD Co. Check

Credit limit request: \$ _____

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Please fill out the items below only if you do not have a list of credit references to attach.

Trade references (list the largest suppliers you have open accounts with):

1. Company _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Account No.: _____ When account opened: _____ Current Limit: \$ _____
2. Company _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Account No.: _____ When account opened: _____ Current Limit: \$ _____
3. Company _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Account No.: _____ When account opened: _____ Current Limit: \$ _____

The applicant hereby authorizes AIRZONE FANS, INC. to investigate the references listed pertaining to my/our credit and financial responsibility. In addition, the applicant agreed to pay reasonable additional collection cost and attorney's fee in the event of default.

Signature: **X** _____ Title (print): _____ Date: _____
(Must be by Owner, Partner, CEO, CFO, President, Director or Officer)

This form must be **completely filled out** in order to accept company checks or to establish an account. Thank you.

INDIVIDUAL PERSONAL GUARANTEE

DATE: _____

I, _____, resident of _____, for and in consideration of your extending credit of my request to _____ (hereinafter referred to as the "Company"), of which I am _____, hereby personally guarantee to you the payment at _____ in the State of _____ of any obligation of the Company and I hereby agree to bind myself to pay on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____