

CREDIT APPLICATION

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Accounts Payable Contact: _____

Telephone #: _____ Fax#: _____

Date Business Started: _____ Incorporated Under Laws of the State of: _____

Federal Tax ID #: _____ Tax Exempt: [] Yes [] No (Please supply tax exempt certificate)

Type of Business: _____

1st Guarantor: _____ 2nd Guarantor: _____

Social Security #: _____ Social Security #: _____

Home Address: _____ Home Address: _____

Guarantor(s) authorize East Coast Induction, Inc., its employees or representatives or any credit bureau or other investigative agency used by East Coast Induction, Inc. to obtain consumer credit reports on guarantor(s) and investigate and verify the information on this application at any time. A copy of this authorization shall be as valid as the original.

Guarantor(s) and applicant agree to the terms of the sales and return policy of East Coast Induction, Inc. and, furthermore, agree to pay all reasonable costs, collection fees, attorneys' fees and expenses incurred in the event of failure of applicant to pay all obligations and indebtedness when due. (Our terms include a 1 1/2% Service Charge per month (18% per annum) on the unpaid balance after 30 days of the Statement date.)

Applicant hereby grants to East Coast Induction, Inc. a security interest in all items purchased from them, and the right to enter the applicant's place of business for the purpose of repossessing such items, until such time as all obligations pertaining to said purchase have been satisfied in full.

All disputes arising in connection with this agreement will be construed and governed by the internal laws of the Commonwealth of Massachusetts and will be resolved in a court of competent jurisdiction in Plymouth County. Applicant hereby irrevocably consents to the jurisdiction and exclusive venue of the state and federal courts in Plymouth County, MA

Signature of 1st Guarantor: _____ Date: _____

Signature of 2nd Guarantor: _____ Date: _____

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

List other officers if any: _____

Will purchase order numbers be required for all orders? [] Yes [] No

Credit References:

Name of Bank: _____ Contact: _____

Address: _____ Tel #: _____

_____ Fax #: _____

Account #: _____

A written letter of authorization is required to enable East Coast Induction, Inc. to access information pertaining to this account. Please provide a letter granting this authorization and fax or mail it along with both pages of this document.

Trade References:

1) Company Name: _____ Contact: _____

Address: _____ Tel. #: _____

_____ Fax #: _____

2) Company Name: _____ Contact: _____

Address: _____ Tel. #: _____

_____ Fax #: _____

3) Company Name: _____ Contact: _____

Address: _____ Tel. #: _____

_____ Fax #: _____

BANK AUTHORIZATION

(Please copy this letter of authorization onto your company letterhead and fax it to us at: (508) 587-9079 or send via US mail to: PO Box 2039, Brockton, MA 02305-2039. Please also call your bank and inform them that we will be inquiring on your account status.)

(Bank Name)
(Bank Address)
(2nd line Address)
Attn:

Dear:

We have requested an open account of net 30 days with a new supplier, East Coast Induction, Inc. This supplier has asked us to provide a letter of authorization from us in order to discuss our account standings with your bank.

We, therefore, hereby authorize (Bank Name) to discuss our account relations with East Coast Induction, Inc., their employees or agents. A facsimile or photostatic copy of this authorization shall be as valid as the original.

Thank you very much for your attention to this matter.

Regards,
(company name)

Signed

Title