

Bazco Enterprises, Inc.
 30825 26 Mile Rd., New Haven, MI 48048
 Phone: (586) 749-7444, Fax : (586) 749-8444

MASTER ACCOUNT NUMBER	SALES REPRESENTATIVE
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BUSINESS CREDIT APPLICATION

DATE RECEIVED: _____

Thank you for your interest in Bazco Enterprises, Inc. We appreciate the opportunity to be of service to you. To help us establish credit terms for you, we request that you execute this Application and Agreement and furnish us with the names and addresses of at least three (3) references with whom you have credit terms of equal value or greater than the credit terms requested, latest financial statements (if credit terms will be over \$20,000) and a bank reference. Product on credit terms will not be delivered until the credit review process is complete, which is typically 3-4 business days.

NAME/ADDRESS	FULL LEGAL NAME		E-MAIL ADDRESS			
	BILLING ADDRESS		CITY	STATE	ZIP CODE	
	SHIP TO ADDRESS (see attached if multiple sites)		CITY	STATE	ZIP CODE	
	CONTACT NAME	PHONE NUMBER	FAX NUMBER	WEBSITE		
LEGAL STRUCTURE	<input type="checkbox"/> Corporation	[] Division [] Subsidiary	NAME OF PARENT COMPANY		PHONE NUMBER	
	<input type="checkbox"/> Partnership	STATE	OFFICER #1	OFFICER #2	OFFICER #3	
	<input type="checkbox"/> Proprietorship	OWNER'S NAME		SOCIAL SECURITY NUMBER		HOME PHONE NUMBER
		OWNER'S HOME ADDRESS		CITY	STATE	ZIP CODE
	TYPE OF BUSINESS				YEARS IN BUSINESS	
	FEDERAL TAX ID NUMBER		DUNS NUMBER	SIC CODE	PRESIDENT	
	NAME OF BANK			NAME OF BANK CONTACT		ACCOUNT NUMBER
PHONE NUMBER	MAILING ADDRESS OF BANK		CITY	STATE	ZIP CODE	
COMPANY NAME	ADDRESS		PHONE NUMBER		FAX NUMBER	
FINANCIAL STATEMENTS	[] ATTACHED AUDITED <input type="checkbox"/> YES <input type="checkbox"/> NO TAX RETURNS <input type="checkbox"/> YES <input type="checkbox"/> NO					
	[] SENT DIRECTLY TO CREDIT DEPARTMENT					
	[] BAZCO ENTERPRISES MAY REQUEST FROM: NAME PHONE NUMBER					

The information provided to Bazco Enterprises, Inc. on this application by the applicant(s) and any other information provided to Bazco, including any financial statement(s) is warranted to be accurate, complete, and true and shall be the property of Bazco. Bazco is authorized to investigate the applicant(s) credit and employment history and to answer questions about its credit experience with the applicant(s). If invoices are not paid when due, the applicant agrees to pay a late payment charge of 1.5% per month on the unpaid balance (Annual percentage rate of 18%) or the maximum rate allowed by law, whichever is less. Payments which are returned will be assessed a \$75 penalty. The applicant(s) agrees to pay any and all costs and expenses, including reasonable attorney fees, incurred by Bazco in collecting past due accounts. The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family, or household purposes. The undersigned certifies that he/she is authorized by company to bind said company to this agreement.

SIGNED: _____ TITLE: _____ DATE: _____
 Applicant and Signatory acknowledges receiving an exact copy of this Application, and in consideration of the granting of credit: (1) agrees and acknowledges that it contain Limited Warranties and Disclaimers; (2) agrees to be bound by the terms and conditions set forth in this Agreement; and (3) agrees that the person who signs this Application has the authority to do so on behalf of Applicant and/or parent company, and personally guarantees all present and future extension of credit. If you have questions, please contact your sales representative.

GUARANTOR: _____ SOCIAL SECURITY #: _____ DATE: _____