80 Cohoes Avenue
Green Island, NY 12180

CUSTOMER #_____ DATE_____

TRADE NAME (dba)
CORPORATE NAME_____

DELIVERY ADDRESS (Street)_____

CITY_____STATE_____ZIP_____

PHONE_____PERSON IN CHARGE_____

BILL TO ADDRESS (if different from delivery address)

STREET_____

CITY_____STATE_____ZIP_____

PHONE_____

I/We, the undersigned, request the sale and delivery of products to the customer as stated above and further certify that the statements made on this application are true and correct.

I/We agree that (1) all invoices will be paid accordingly to your stated terms. (2) In the event that there is a delinquency in payment, I/We will pay late payment finance charges, which are computed by a "periodic" rate of 1 ½% per month, which is an ANNUAL PERCENTAGE RATE OF 18%. (3) In the event of default, I/We will pay all collection costs and an attorney fee of one-third of the amount due. (4) I/We will notify you immediately of any change in ownership or operations. Notice to be in writing and delivered to our office.

I/We personally guarantee payment in full, including all finance charges, collection costs and attorney's fees incurred as specified above, and waive any presentment, demand, protest, any other notice regarding this guarantee of payment.

_____ x_____ _____
PRINT NAME SIGNATURE DATE

_____ x_____ _____
PRINT NAME SIGNATURE DATE