



CREDIT INFORMATION PROFILE

General

Legal Name of Company: _____

Trade Name (ie DBA): _____

Address, City & Zip: _____

Telephone #: _____ Fax #: _____ E Mail: _____

Ownership

Ownership: Corporation-Publicly Held, Corporation – Closely Held, General Partnership,
Limited Partnership, Sole Proprietorship (Circle the one that applies)

Officer Name & Title: _____

Officer Name & Title: _____

Officer Name & Title: _____

If publicly owned - ticker symbol: _____

Date Business Established: _____

Federal Tax Identification #: _____ Resale License #: _____

Financial

Annual Sales Last Fiscal Year: _____ Net income for Last Fiscal Year: _____

Total Assets: _____ Capital: _____

Banking

Name of Bank: _____

Address of Branch: _____

Name of Banking Officer: _____

Telephone #: _____ Fax #: _____ E Mail: _____

Size of Credit Line: _____

Is credit line secured by fixed assets and/or real estate? Yes / No

Date when bank relationship began: _____

Trade References

Company Name: _____

Address: _____

Contact Name & Title: _____

Telephone #: _____ Fax #: _____ E Mail: _____

Credit Limit Amount: _____ Terms: _____

Company Name: _____

Address: _____

Contact Name & Title: _____

Telephone #: _____ Fax #: _____ E Mail: _____

Credit Limit Amount: _____ Terms: _____

Company Name: _____

Address: _____

Contact Name & Title: _____

Telephone #: _____ Fax #: _____ E Mail: _____

Credit Limit Amount: _____ Terms: _____

Note: To process this credit application, it is mandatory that three (3) trade references be included on this application. Please be sure to include all information requested above including contact name, phone number, fax number and email address if available.

Terms Requested/Accounts Payable Contact

Amount of Credit Requested: \$ _____

Other (please specify)

Controller/Accounting Manager: _____

Phone Number: _____ Fax Number: _____ Email: _____

Accounts Payable Contact: _____

Phone Number: _____ Fax Number: _____ Email: _____

Credit Terms Upon Approval

- a) Invoices are to be paid NET 30 days from date of invoice.
- b) There is a restocking charge of 15% plus freight on returned items.
- c) Applicant is responsible for charges by apparent or ostensible employees or agents on this account. Applicant shall advise Keiser Corporation (“Keiser”) of any person or agent of Applicant not authorized to use this credit account, if approved.

Any extension of credit is only as a convenience to applicant, not a method of financing. Because of the impracticality and difficulty of ascertaining precise damages to Keiser if an account is not paid when due, there shall be added to the account balance as interest, calculated at 10% per annum, and a service charge of 8% per annum (collectively “finance charge”) for a total monthly charge of 1 ½% (18% per annum) of the unpaid balance until paid in full. Payments on account will be first applied to outstanding finance charges, thereafter to principal. Persons signatory hereto, jointly, severally, and personally guaranty all obligations due to Keiser under this agreement.

If a civil action or arbitration is required to recover sums due to Keiser, venue shall be the County of Fresno, State of California. Keiser shall be entitled to the principal balance due and finance charges on the balance due of 1 ½% per month (18% per annum) from commencement of the action until entry of judgement. Keiser shall be entitled to recover from Applicant, costs and expenses of collection (prejudgment or otherwise), or incurred by Keiser in any voluntary or involuntary bankruptcy proceeding concerning Applicant, including attorney fees, regardless of whether an action is brought or not, or whether the action is settled or dismissed prior to judgment, and costs.

Confidential Account Agreement and Release of Authority to Verify

The undersigned, for the purpose of procuring services and/or goods from the Supplier (known as Keiser) and for the purpose of establishing credit from time to time, furnished the above business and personal credit information. The undersigned, both individually and collectively, certify that all information in this Application is complete and correct and understands that the Supplier will rely on information given in this Application. The Supplier is authorized to contact any parties listed herein and to verify any information contained in this Application. The undersigned hereby waives any privacy of credit information rights or regulation. If any information on this Application proves to be untrue, the undersigned agrees that all obligations of the above customer to the Supplier shall immediately become due and fully payable and the undersigned further agrees to assume personal liability for all obligations of said customer to Supplier. The undersigned hereby acknowledges receipt of a copy of this Application.

Name & Title: _____ Date: _____

Please return completed applications to our accounting department.

Fax: 1-559-256-8114
Email: ar@keiser.com (as attachment)
Mail: Keiser Corporation
 Accounting Department
 2470 S. Cherry Ave.
 Fresno, CA 93706