

PARAMOUNT

HARDWARE COMPANY LLC

| | |
|-------------------------------|--------------------|
| For Paramount use only | |
| CREDIT APPROVED _____ | D & B _____ |
| CREDIT REFUSED _____ | CREDIT LIMIT _____ |
| ACCOUNT # _____ | |

Business Name: _____
 Street Address: _____
 P.O. Box # _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Type of business: _____ Date established: _____

OWNERSHIP - Check one below

This business is a corporation
if checked, give name of corporate officers

Name: _____ S.S. # _____
 Name: _____ S.S. # _____

This business is a sole proprietorship
if checked, fill out information below

Owner's name: _____
 Home street address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ S.S. # _____

This business is a partnership
if checked, fill out both areas

Owner's name: _____
 Home street address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ S.S. # _____

Owner's name: _____
 Home street address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ S.S. # _____

If bills are paid by a parent company, fill in below

Parent company: _____ Phone: _____
 Fax: _____
 Street address: _____ City: _____ State: _____ Zip: _____

Bank references

SAVINGS Name: _____ Account # _____ Branch: _____
 CHECKING
 LOAN Address: _____ City: _____ State: _____ Zip: _____

Commercial trade reference: Give ONLY names of those you buy from OPEN ACCOUNT reference WILL NOT be considered valid unless FULL NAME and ADDRESSES are included. Please list a minimum of three.

| Name | Address | City | State & Zip | Phone |
|----------|---------|-------|-------------|-------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

Amount of credit desired monthly \$ _____ Purchase order required Yes No

BOTTOM PORTION MUST BE FILLED OUT COMPLETELY FOR APPLICATION TO BE CONSIDERED VALID

Should you approve this application, I (we) agree to pay for all goods purchased by the 10th of the month following date of invoice. Paramount is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit. PAST DUE ACCOUNTS WILL BE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH.

SHOULD IT BECOME NECESSARY TO COLLECT THIS ACCOUNT THROUGH AN ATTORNEY, BY LEGAL PROCEEDINGS, OR OTHERWISE, THE UNDERSIGNED, INCLUDING GUARANTORS, NEW JERSEY FOR ALL MATTERS ARISING OUT OF THIS CREDIT ACCOUNT.

Should credit availability be granted by Paramount Hardware Co all decisions with respect to the extension or continuation shall be in the sole discretion of Paramount Hardware Company. Paramount Hardware Co. may terminate any credit availability within its sole discretion.

Date: _____ Authorized buyer/Co. officer/Part _____

Title: _____ Print name: _____

The undersigned agrees to personally guarantee payment for all indebtedness incurred in connection with this credit account

Guarantee by: (please print name) _____ Date: _____

Guarantee by: (please print name) _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Social security No.: _____