CREDIT APPLICATION

GENERAL INFORMATION

Business Name			
Address			
City, State, Zip			
Phone			
Years in business under this name	Years in business at this location		
Type of business: Sole proprietorship Part	rtnership $\ \square$ Corporation in the state of		
□ Subsidiary □ Division Parent company			
Proprietor, Partners, or Corporate Officers: (L	Jse additional sheet if necessary.)		
Name	Name		
Title	Title		
Home address			
City, State, Zip	City, State, Zip		
Home phone			
Social Security #			
BANK REFERENCE			
Bank name	Account #		
Address			
Contact	Phone		
TRADE REFERENCES (Providing fax numb	pers for your references will facilitate th	ne establishment of your account.)	
Company	Phone	Fax	
Address			
Company	Phone	Fax	
Address			
Company	Phone	Fax	
Address			
	oun & Bradstreet (#)	
Any financial statement submitted with this ap will be kept strictly confidential. Orders can be	e shipped C.O.D. until credit is establish	hed.	

Permission is herewith granted to NovaLynx to obtain credit information from all listed references, including my bank. All financial information submitted in support of this credit application is true and complete in all respects. I agree to NovaLynx payment terms of net 30 days from the date of invoice. I understand my account is subject to a late charge of 1.5% per month (18% per annum) on all past due invoices. Furthermore I understand that my orders will not be shipped if my account is past due and that any collection fees (including attorney fees) and related costs will be borne by my account. This agreement is made in and shall be construed under the laws of the State of California.

Signature of Proprietor, Partner, or Corporate Officer

Date