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www.fourpair.com

CREDIT APPLICATION

Company Name _____

Bill To: _____ City _____ State _____ Zip _____

Ship To: _____ City _____ State _____ Zip _____

PH# _____ Cell _____ FAX _____ E-Mail _____

AP Contact _____ Authorized Buyers: _____

Nature of Business _____	Corporation ___ Sole Proprietorship ___ Partnership ___
Federal Tax ID Number _____	State of Incorporation _____
Date Established _____	State Tax Exemption _____
Credit Line Requested \$ _____	** PLEASE PROVIDE COPY OF TAX CERTIFICATE**
Annual Revenue \$ _____	Net Worth _____

LIST OWNER, PARTNERS OR OFFICERS:

Name _____ Title: _____ SSN# _____ Home PH# _____

Name _____ Title: _____ SSN# _____ Home PH# _____

Name _____ Title: _____ SSN# _____ Home PH# _____

BANK REFERENCE _____	Account # _____
Address _____ City _____	State _____ Zip _____
Phone # _____	FAX _____
Contact _____	Dun & Bradstreet # _____

TRADE REFERENCES

1) _____ 2) _____ 3) _____

City/State _____ City/State _____ City/State _____

Account # _____ Account # _____ Account # _____

PH# _____ PH# _____ PH# _____

FX# _____ FX# _____ FX# _____

Agreement. On behalf of the company, I/we understand that by submitting this application for credit I/we agree to the following terms and conditions: 1) information stated on this application is true and correct; 2) permission is granted to the banks and creditors listed to release information necessary for credit evaluation; 3) all sales are subject to terms stated on individual invoices; 4) open account shipments are suspended to accounts with unpaid invoiced beyond 40 days from invoice date; 5) past due account balances are charged the maximum allowed by Arkansas law; 6) no trade discounts are allowed on current invoices unless total account is current; 7) all collection costs of past due accounts (including attorney fees, court costs, service fees and interest) will be added to the unpaid principal balance; 8) and goods returned without written authorization are subject to a 15% restock fee.

Governing Law. This agreement must be construed in accordance with and governed by the laws of the State of Arkansas applicable to agreements made and to be performed wholly within such jurisdiction, without regards to the conflicts of laws provisions thereof. All claims or causes of action must be filed only in the courts of the State of Arkansas for Washington County or the United States District Court for the Western District of Arkansas, which shall have exclusive jurisdiction over all disputes which arise between the parties under this Agreement, whether in law or in equity. The parties expressly agree that venue shall be exclusively within said courts. The parties expressly agree to the exercise of personal jurisdiction over it and subject matter jurisdiction over any such controversy arising between the parties being only in the courts listed herein. Furthermore, my signature attests to the ability, financial responsibility and willingness of this company to abide by this agreement.

Signed _____ Date _____ Title _____

Signed _____ Date _____ Title _____