

# National Products Inc. CONFIDENTIAL CREDIT APPLICATION

1205 S. Orr St. Seattle, WA 98108 Phone: (206) 763-8361 Fax: (206) 763-9615

For the purpose of obtaining credit from NATIONAL PRODUCTS INC. (collectively, "SELLER"). APPLICANT makes the following statements with the intent that SELLER rely on them as correct. APPLICANT agrees to advise SELLER if any information changes.

<b>COMMERCIAL ACCOUNT</b>				<b>CORPORATE OFFICERS OR PARTNERS</b>			
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Municipality				U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
FIRM				NAME			
BILLING ADDRESS				HOME ADDRESS			
CITY		STATE		CITY		STATE      ZIP CODE	
SHIPPING ADDRESS				PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
CITY		STATE		POSITION		SOCIAL SECURITY #	
PHONE # (    )		FAX # (    )		U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DATE BUSINESS ESTABLISHED		RESALE #		HOME ADDRESS			
EMPLOYER IDENTIFICATION #		STATE OF INC.		CITY		STATE      ZIP CODE	
ACCOUNTING E-MAIL ADDRESS				PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
<b>TRADE/ CREDIT REFERENCES</b>				POSITION			
NAME OF REFERENCE				NAME			
ACCT. #				HOME ADDRESS			
ADDRESS				CITY		STATE      ZIP CODE	
CITY		STATE		PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
PHONE # (    )		EMAIL		POSITION			
NAME OF REFERENCE				U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ACCT. #				HOME ADDRESS			
ADDRESS				CITY		STATE      ZIP CODE	
CITY		STATE		PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
PHONE # (    )		EMAIL		POSITION			
NAME OF REFERENCE				U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ACCT. #				HOME ADDRESS			
ADDRESS				CITY		STATE      ZIP CODE	
CITY		STATE		PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
PHONE # (    )		EMAIL		POSITION			
NAME OF REFERENCE				U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ACCT. #				HOME ADDRESS			
ADDRESS				CITY		STATE      ZIP CODE	
CITY		STATE		PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
PHONE # (    )		EMAIL		POSITION			
NAME OF REFERENCE				U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ACCT. #				HOME ADDRESS			
ADDRESS				CITY		STATE      ZIP CODE	
CITY		STATE		PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
PHONE # (    )		EMAIL		POSITION			
NAME OF REFERENCE				U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ACCT. #				HOME ADDRESS			
ADDRESS				CITY		STATE      ZIP CODE	
CITY		STATE		PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
PHONE # (    )		EMAIL		POSITION			
NAME OF REFERENCE				U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ACCT. #				HOME ADDRESS			
ADDRESS				CITY		STATE      ZIP CODE	
CITY		STATE		PHONE # (    )		OFFICER <input type="checkbox"/> PARTNER <input type="checkbox"/>	
PHONE # (    )		EMAIL		POSITION			
<b>BANK REFERENCE</b>				As an authorized and responsible agent for APPLICANT, the undersigned has read and agrees to the following: TERMS: Payment is due 30 days from invoice date unless otherwise stated. FINANCE CHARGE: Interest at the rate of 1 1/2% per month, 18% annually, on all charges outstanding on the last day of the month following billing; provided, however, that such rate of interest is within the highest rate of interest permitted by applicable law. CHANGE OF TERMS: SELLER has the right to change any terms of this agreement by giving notice to APPLICANT. New terms may be added to balances outstanding at the time the new terms take effect at SELLER's discretion. CREDIT DATA: SELLER may exchange credit information or obtain a credit report on APPLICANT for credit or in connection with an update, renewal or extension of credit. Upon your request, SELLER will notify you if a report is obtained and the name/address of any agency furnishing a report. ARBITRATION AND VENUE: Disputes must be resolved by arbitration in Seattle, Washington. An arbitrator will be selected by mutual agreement of the parties, or in the event they cannot agree, by the Superior Court of Washington. Arbitration costs will be split evenly between the parties. COSTS AND ATTORNEY'S FEES: If this account becomes delinquent, APPLICANT agrees to pay SELLER's reasonable costs and attorney's fees incurred in collecting this account or enforcing any guarantees of payment. RIGHT TO ACCELERATE/TERMINATE: The entire balance may become immediately due and payable to SELLER at its discretion if APPLICANT does not pay charges when due. SELLER retains the right to cancel and/or limit use of this account. LIMITATION OF LIABILITY: In the event of late delivery or product defects, SELLER's liability and APPLICANT's recovery shall be limited to repair or replacement, but in no event will SELLER be responsible for consequential damages, including lost profits.			
NAME OF BANK				<b>THIS ACCOUNT IS SUBJECT TO ALL CONDITIONS OF SELLER'S BILLS OF LADING AND ALL SELLER'S INVOICE TERMS.</b>			
ACCT. #				APPLICANT (Name of Corporation/ Partnership/ Individual) _____ Date _____			
ADDRESS				BY: Authorized Signature _____ Date _____			
CITY		STATE		Name: _____ Title _____			
PHONE # (    )		EMAIL		PERSONAL GUARANTY: The undersigned agree(s) to be personally liable and pledge his or her personal assets as a guarantee of payment for goods and or services provided by SELLER to APPLICANT.			
NAME OF BANK				Signature of Personal Guarantor(s) _____ Date _____			
ACCT. #				_____ Date _____			
ADDRESS				PREPARED BY: _____ MGR. APPROVAL _____ CREDIT MGR. APPROVAL _____ SITE _____			
CITY		STATE		DATE _____ DATE _____ DATE _____ CREDIT LIMIT _____			
PHONE # (    )		FAX # (    )					