

B U S I N E S S I N F O	COMPANY NAME	TELEPHONE		
	ADDRESS			
	CITY	STATE	ZIP	
	CORPORATION, STATE OF	FEDERAL ID #		
	NATURE OF BUSINESS	YEAR ESTABLISHED		
	EST. ANNUAL SALES	CURRENT # OF EMPLOYEES		
	IF APPLICABLE, TAX EXEMPT #	(PLEASE ATTACH CERTIFICATE)		

O W N E R S H I P	NAME OF OWNER	PHONE NUMBER ()		
	HOME ADDRESS	CITY	STATE	ZIP
	NAME OF OWNER	PHONE NUMBER ()		
	HOME ADDRESS	CITY	STATE	ZIP
	NAME OF OWNER	PHONE NUMBER ()		
	HOME ADDRESS	CITY	STATE	ZIP

T R A D E R E F	COMPANY NAME	PHONE NUMBER ()		
	ADDRESS	CITY	STATE	ZIP
	COMPANY NAME	PHONE NUMBER ()		
	ADDRESS	CITY	STATE	ZIP
	COMPANY NAME	PHONE NUMBER ()		
	ADDRESS	CITY	STATE	ZIP

B A N K R E F	BANK NAME	PHONE NUMBER ()		
	ADDRESS	CITY	STATE	ZIP
	BANK NAME	PHONE NUMBER ()		
	ADDRESS	CITY	STATE	ZIP

I/We understand and agree that all bills are due and payable on the tenth of the month following purchase. Furthermore, I/We understand and agree that if the account has a balance over thirty (30) days, a monthly service charge of 1-1/2% month (which is an annual rate of 18%) will be computed on the overdue balance, and will be paid immediately and as charged, along with any fees for collection of my/our account, including Attorney's fees.

I/We hereby authorize the banks and creditors listed above to release banking and credit information in response to any inquiries made by Bibens Ace.
 I/We hereby agree that a facsimile ("fax"), electronic, or photographic copy of this application shall be as valid as the original.

 Signature/Title/Date

 Signature/Title/Date

In CONSIDERATION OF **Bibens Ace** extending credit to _____, I/We personally and absolutely guarantee payment to Bibens Ace of all obligations by _____, in accordance with the terms and provisions set forth above.

 Signature/Date

 Signature/Date