

BROWN STRAUSS, INC.

CONFIDENTIAL CREDIT APPLICATION

COLORADO 2495 Uravan Street Aurora, CO 80011-3539 Voice: 303-371-2200 800-677-2778 Fax: 303-373-8519	UTAH 800 South Chestnut Street Salt Lake City, UT 84104-3603 Voice: 801-972-5328 800-748-4849 Fax: 801-972-5379	ARIZONA 3727 West Lower Buckeye Road Phoenix, AZ 85009-0272 Voice: 602-233-0219 800-678-2778 Fax: 602-272-1805	WASHINGTON 150 Panel Way Longview, WA 98632-1035 Voice: 360-501-5300 800-780-7607 Fax: 360-423-4624	KANSAS 802 Kindelberger Road Kansas City, KS 66115-1117 Voice: 913-621-4000 800-274-0359 Fax: 866-253-5866
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We at Brown Strauss, Inc. appreciate the opportunity of serving you by opening an account for extension of commercial credit. We outline below the information we ask you to supply in order that we may consider your request. However, we retain the right to grant or deny credit, and to increase or decrease credit limits, at our sole discretion.

Line of Credit Requested _____ Date: _____

The following information is submitted for your consideration as a basis for opening or increasing our account for extension of commercial credit. Our purchases will be made solely for use in the below-named business and not for personal, family or household purchases. If this credit application is granted it shall be the legal agreement setting forth the contract terms and conditions.

Applicant/Legal Name _____

Trade Name If Different Than Above _____

Mail Address _____

Street Address _____

City _____ State: _____ Zip-Code _____ County _____

Business Phone _____ Fax _____ Mobile _____ Years in Business _____

Business Type: (Check One Box) Corporation Partnership Sole Proprietorship LLC/LLP

Website: _____ E-mail _____

Incorporated under State Laws of _____

Sales Tax# _____ Federal ID# _____

Owner or Stockholders - If a Proprietorship, please list owner's social security number and spouse's name.

Name	Address	City & Zip-Code	Social Security #	Spouse Name

REFERENCES: List at least three major suppliers you purchase from on open account which can be verified. State the length of time doing business with that supplier. DO NOT LIST SUBCONTRACTORS. Attach additional references on a separate sheet if necessary.

1. CREDITOR: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip-Code: _____

2. CREDITOR: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip-Code: _____

3. CREDITOR: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip-Code: _____

4. BANK NAME: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip-Code: _____
 Banker Name _____ Name on Account: _____

We understand and agree that payments for all purchases are due within the credit terms stated on sales invoices even if the sum due exceeds the line of credit requested. These terms cannot be modified unless agreed to in writing by Brown Strauss, Inc. In the event our account is not paid according to the stated terms, we agree to pay a SERVICE CHARGE of 1 1/2% per month on the principal balance during the term of delinquency. If the account becomes more than 30 days delinquent and is placed for collection, we agree to pay reasonable collection charges; and if placed in the hands of any attorney for collection or suit, we agree to pay reasonable attorney fees.

The undersigned hereby consent(s) to Brown Strauss, Inc. use of non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Brown Strauss, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C@1681 et deq.

The party or parties signing this application certify that all statements contained in this application and any enclosures are true and accurate, that the name of the firm as stated above is correct, that the firm is solvent, and that if the firm is a corporation, it is in good standing.

Signature required by a corporate officer, member agent, or owner.

SIGNATURE: _____ TITLE: _____ DATE: _____
 PRINT NAME: _____

SIGNATURE: _____ TITLE: _____ DATE: _____
 PRINT NAME: _____

CONTINUING PERSONAL GUARANTY

In consideration of Brown Strauss, Inc. (Creditor), selling merchandise to our firm (Customer),

I/We _____ (Guarantor), located at _____,

hereby guarantee to Brown Strauss, Inc. the payment of such sums of money as may at any time hereafter become due and owing to Brown Strauss, Inc. from our firm. I agree that this Guaranty shall remain in full force and effect, subject to my/our written cancellation with thirty (30) days' prior notice, and that this Guaranty shall cover all sums of money due and owing to Brown Strauss, Inc. on account of sales to our firm.

Guarantor hereby unconditionally and irrevocably waives any and all guaranty/suretyship defenses, including without limitation diligence, presentment, and/or demand on the Customer for payment or otherwise, and any right to require Creditor to proceed against Customer or any other person, or to proceed against or exhaust any security held by Creditor at any time, or to pursue any other remedy in Creditor's power before proceeding against Guarantor. Guarantor further waives its/his/her rights of protest, notice, subrogation, reimbursement, indemnification, and contribution, and any and all other rights and defenses that are or may become available to Guarantor, including without limitation any and all defenses which may arise due to Creditor's election of remedies as against Customer, or any delay in proceeding against Customer. Guarantor further waives its/his/her equitable defenses, including without limitation laches, unclean hands, and/or unjust enrichment.

SIGNATURE: _____ SIGNATURE: _____
 Do Not Include titles Do Not Include titles

PRINT NAME: _____ PRINT NAME: _____

SSN: _____ SSN: _____

DATE: _____ DATE: _____