

SECTION IV

Anticipated Monthly Purchases _____

Terms Requested ___ COD ___ Credit Card ___ Net 15 ___ Net 30 ___ Other _____

If requesting extended terms beyond Net 30 provide contact information for Controller/AP:

Name _____ Phone number _____

If requesting credit card terms applicant agrees for card to be authorized at the time of order entry.

Credit Card Number _____ Expiration Date _____

Name on Card _____

Email Address for Receipt _____

Purchase Order Required? Yes No Back Order Allowed? Yes No

Priced Delivery Ticket? Yes No Substitutions Allowed? Yes No

Sales Tax Exempt? Yes No **(If Yes, copy of certificate must be submitted)**

Special Instructions _____

Any time or days deliveries cannot be made? _____

TERMS AND CONDITIONS

Applicant hereby affirms that the information provided on this credit application is true and complete to the best of their knowledge and applicant authorizes Kelsan to contact and verify all references.

Any falsified information may result in rescinding of credit. Applicant agrees to pay all invoices in full according to the credit term provided. Applicant agrees that Kelsan shall charge a late charge of 7.5% on all delinquent balances. In the event of default, applicant agrees to pay collection costs up to 30%, reasonable attorney fees, and all court costs. Venue for all transactions shall be the State of Tennessee with jurisdiction in Knox County, Tennessee.

Name _____ (must appear in Sec II) Date _____

Signature _____ Title _____

CONTINUING PERSONAL GUARANTY

In consideration of Seller's agreement to extend credit to Applicant, as identified in Section I of this credit application, the undersigned individual(s) personally guarantee to Seller the payment of any and all current and/or future obligations owed by Applicant to Seller, any sums which may be advanced under application, or any other extension by Seller to Applicant. Applicant further agrees to that in the event of default, Seller shall charge and Applicant agrees to pay collection fees up to 30%, reasonable attorney fees, and all court costs. Venue for all transactions shall be the State of Tennessee with jurisdiction in Knox County, Tennessee.

Name _____

Signature _____ Date _____

Social Security Number _____

Address _____

Name _____

Signature _____ Date _____

Social Security Number _____

Address _____