



Dear:

Company:

Please help us complete your credit application quickly and accurately by doing the following:

1. PRINT OR TYPE CLEARLY.
2. FILL OUT ALL THE REQUESTED INFORMATION.
3. STATE THE AMOUNT OF CREDIT BEING REQUESTED.
4. SIGN THE APPLICATION AND BANK FORM.

The more information you provide, the faster your application can be processed.

We treat your credit application as a very important part of servicing your account and thank you for your assistance.

Please allow two weeks for processing.

Sincerely,

Cap Source USA

CAP SOURCE USA

FAX 410-272-3159

CREDIT APPLICATION FORM - PAGE 1

EXACT LEGAL NAME: _____

D/B/A: _____

ADDRESS: _____ DUNS: _____

CITY/ST/ZIP: _____ TYPE OF BUSINESS: _____

DATE ESTABLISHED: _____ YRS AT CURRENT ADDRESS: _____

A/P CONTACT: _____ A/P EMAIL ADDRESS: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

BUSINESS IS A: _____ INCORPORATED IN: FEIN #: _____

Invoices should be sent via: TO: _____

WEBSITE ADDRESS http:// _____ CREDIT LINE REQUESTED \$: _____

FINANCIAL STATEMENTS WILL BE FORWARDED SALES & USE TAX #: _____

BUYING LOCATIONS (PLEASE CHECK ALL THAT APPLY):

Belcamp MD Ontario CA

PRINCIPAL: _____ TITLE: _____

PRINCIPAL: _____ TITLE: _____

AGREEMENT

Applicant understands that the seller will make its usual credit investigation and AUTHORIZES APPLICANT'S BANK TO RELEASE INFORMATION AS DESIRED BY CAP SOURCE USA. This information will be used to establish adequate credit for the applicant. Payment of all amounts due as evidenced by the account shall be made no later than the due date indicated on each invoice under the heading "terms". Our terms are Net 30; any exception to these terms must be agreed to in writing. All late payments shall accrue interest at the highest rate permitted by law. In the event of any payment default by the applicant, CAP SOURCE USA. may recover from the applicant its cost of collection, including all attorneys' fees and other expenses whether or not suit is filed.

Returned checks (NSF) are subject to a fee up to \$35.00 per check. Checks not repaid within thirty (30) days will be liable under § 15-802 of the Commercial Law Article (Maryland).

A copy of this credit application may be used as a Security Agreement for granting a secured interest in creditor's inventory and sales proceeds thereof.

The undersigned understands and agrees to the above terms and conditions.

NAME/TITLE (PRINTED): _____

SIGNATURE

DATE

**CAP SOURCE USA
CREDIT APPLICATION FORM - PAGE 2**

EXACT LEGAL NAME: _____

COMMERCIAL REFERENCES

If you have your own form, please attach in place of this page. Provide at least four (4) references as not all vendors respond to reference requests. Complete all fields, especially the fax number. Only provide the contact information for those suppliers who have granted you credit in similar dollar amounts as you wish to establish with CAP SOURCE USA. If credit terms are granted, your sales representative will notify you.

REF # 1: _____ CONTACT: _____

Address _____ PHONE: _____

City _____ ST _____ Zip Code _____ FAX: _____

REF # 2: _____ CONTACT: _____

Address _____ PHONE: _____

City _____ ST _____ Zip Code _____ FAX: _____

REF # 3: _____ CONTACT: _____

Address _____ PHONE: _____

City _____ ST _____ Zip Code _____ FAX: _____

REF # 4: _____ CONTACT: _____

Address _____ PHONE: _____

City _____ ST _____ Zip Code _____ FAX: _____

REF # 5: _____ CONTACT: _____

Address _____ PHONE: _____

City _____ ST _____ Zip Code _____ FAX: _____

REF # 6: _____ CONTACT: _____

Address _____ PHONE: _____

City _____ ST _____ Zip Code _____ FAX: _____

THE BANKING REFERENCE FORM (PAGE 3) MUST ALSO BE COMPLETED AND RETURNED TO CAP SOURCE USA. IF YOUR BANK REQUIRES A SPECIAL FORM, IT CAN BE SUBSTITUTED FOR PAGE 3.

CAP SOURCE USA

PO BOX 370 BELCAMP, MD 21017-0370

410-272-0090 FAX 410-272-3159

CREDIT APPLICATION FORM - PAGE 3

Bank Name: _____ Acct #: _____

Contact: _____ Phone #: _____

Address: _____ Fax #: _____

City/ST/Zip: _____

Company Name: _____ Does your bank charge a fee for references?

Signers Name: _____ Bank Accepts Inquiries By: _____



AUTHORIZED SIGNATURE

FORM BELOW TO BE COMPLETED BY BANK ONLY

CAP SOURCE USA is requesting this information for the purpose of granting a commercial line of credit. Your reply will be held in strict confidence.

THANK YOU FOR YOUR PROMPT RESPONSE

DATE ACCOUNT OPENED: _____

CURRENT FUNDS ON DEPOSIT: \$ _____

AVERAGE DAILY BALANCE: \$ _____

NSF DRAFTS IN PAST 12 MONTHS: _____

This information is merely a matter of opinion and is provided without responsibility to the bank or the writer hereof.

DATE

SIGNATURE

PLEASE RETURN TO:
CAP SOURCE USA
PO BOX 370, BELCAMP, MD 21017
410-272-3159 FAX