P. O. Box 9 Kamuela, HI 96743

Phone: (808) 885-9346 Fax: (808) 776-1750

CREDIT APPLICATION

			Date:	
Firm Name:			Fed EIN:	
Address:				
City/State:			Zip Code:	
Type of Business:			<u> </u>	
•	Corporation Partnership Individual			
Name of Manager:	. —	• —		
Phone Number:	Fax Number:			
OWNERS		Maximum Cr	redit Requesting: \$	
If Corporation, office	rs and directors are:		,	
President:		Directors:		
Vice-President:				
Secretary:				
Treasurer:				
The Principal Stockh	older is:			
If Sole ownership or	partnership, owners a	re:		
Principal Activit Has business ever be	een owned by others?	Date Busines If so.	s Started:by whom?	
Business was origina	•			
Do you use Purchase Who is authorized to		_ Written _	Verbal	
Name/Title:				
Do Invoices & Statem Billing Address:	nents go to the above		ot, please indicate below:	
City/State:			Zip Code:	
State GE License #:_				

For applicants requesting to be billed at Wholesale Prices, please complete the Appropriate State of Hawaii Resale Certificate and attach to this Credit Application

CREDIT APPLICATION

Local Bank and Local Trade References:

Name	Street Address	Type of Account	
	City/Zip Code	Phone/Fax Number	
Name	Street Address	Type of Account	
	City/Zip Code	Phone/Fax Number	
Name	Street Address	Type of Account	
	City/Zip Code	Phone/Fax Number	
Name	Street Address	Type of Account	

Please complete the Attached Bank Credit Reference Form for Bank References

CREDIT APPLICATION

Terms & Agreements

The undersigned Purchaser and Guarantors agree that this application may be referred to the Credit Bureau of Hawaii or any officials of trade references used and the undersigned further agrees that credit extended shall be subject to the following terms and conditions:

- 1. Finance Charges are imposed thirty (30) days from statement date. If the customer pays the current purchases before the next statement date, the Finance Charge shall not be imposed.
- 2. Finance Charges are computed by a period rate of 1.5% per month on any unpaid balance, which is an annual percentage rate of 18%.
- 3. Finance Charges shall be applied to the "previous balance" the outstanding balance at the beginning of the billing cycle, without deducting current payments and credits for the current month. The customer may avoid additional finance charges by paying the new balance before the next statement date.
- 4. All Purchases are due and payable thirty (30) days from the statement date. Accounts which are continuously delinquent shall be subject to Cash On Delivery (C.O.D) terms. Any account that is 60 days past due will be temporarily suspended. Accounts in delinquency for more than ninety (90) days shall be subject to referral to a collector and any subsequent sales shall be C.O.D.
- 5. That in the event this account is placed in the hands of an attorney or collection agency for collection, the Purchaser, in addition to the principal and interest due, will pay collector's or attorneys fees and cost. The undersigned Guarantor guarantees the prompt payment of any and all sums that may become due under this account, including attorneys' fees and costs, and waives demands, presentments, protests and notices of every kind whatsoever, and that the undersigned Purchaser and Guarantors are jointly and severally liable for this account.

Purchaser	Date	Social Security No.
i di dilacci	Duito	Goolal Goodin, 1101
Purchaser	Date	Social Security No.
i urchasei	Date	Social Security No.
Purchaser	Date	Social Security No.
rui cii asci	Date	Social Security NO.

P.O. Box 406 Paauilo, HI 96776

BANK CREDIT REFERENCE FORM

Tel: 808-776-1652

Fax: 808-776-1750

Bank Name:			
Account # (checking):	Account # (savings):		
Address:	State: Zip:		
Telephone: ()	Fax: ()		
Attn:			
standing, credit line, and paymer			
	Date:		
Authorized Signature	Date		
Printed Name:	Title:		
(The following to be completed b	y financial institution)		
<u> </u>	our bank as a reference. Please supply us with urn to us as soon as possible. Thank you for		
Date Account Opened:			
Average Balance Maintained:			
Line of Credit at their Disposal:			
Highest Credit:			
Amount Now Owing:			
Payment Habits:			
Secured or Unsecured:			
Comments:			
Prepared By:			
Date:			

STATE OF HAWAII — DEPARTMENT OF TAXATION RESALE CERTIFICATE FOR GOODS GENERAL FORM 1

(PLEASE PRINT OR TYPE)

(Name of Seller) (Address of Seller)			
			(Date of this Certificate)
(City)	(State)	(Postal/ZIP Code)	
			enalties set forth in section 231-36, Hawaii Revised Statutes ve of the named Purchaser:
		Hawaii Tax Identification	n No. W under the Generate;
	•	Purchaser's business is	
e Purchaser s	rtificate, until revoked b	y notice in writing, shall Seller named above exc	; apply to all purchases of tangible personal property which cept those orders which the Purchaser specifies by notice in
That all of the	e purchases of tangible	personal property to wh	nich this Certificate applies:
□ а	are purchases for resale	at retail under Chapter	237, Hawaii Revised Statutes (HRS); and/or
□ а	are purchases for resale	e at wholesale under Ch	apter 237, HRS;
ertificates, sale	es at wholesale, and t I pay to the seller, the a	he exemption for initial	nended, and Hawaii Administrative Rules, relating to resale wholesale sales of property imported for further resale a tax imposed upon the seller with respect to any transactions
	Name of Purchaser		Signature
	Address of Purchaser		Print Name of Signatory
City	State	Postal/Zip Code	Title (Owner, Partner or Member, Officer, or Duly Authorized Agent) Date