



Confidential Credit Application

14N845 U.S. Route 20
Pingree Grove, Illinois 60140
Telephone: (847) 264-5400
Fax: (847) 683-5207

SEND PAYMENTS TO:
Mnuteman International, Inc.
PO BOX 13294
Newark, NJ 07101-3294
Phone: (847) 264-5400

DATE _____

MINUTEMAN SALES REPRESENTATIVE

Your desire to do business with us is most appreciated. In response to your request for OPEN ACCOUNT STATUS, we will need the following information concerning your Company.

Please Check: NEW ACCOUNT CREDIT LINE INCREASE

FIRM NAME _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____ P.O. BOX ZIP _____

BUSINESS TELEPHONE Area Code (____) _____ FAX (____) _____

PRIMARY BUSINESS ACTIVITY _____ YEAR ESTABLISHED _____

Corporation Partnership Limited Partnership Proprietorship

Requested Credit Line \$ _____ Social Security # _____
For Proprietorship

GROSS ANNUAL SALES _____

PRODUCTS TO BE PURCHASED FROM MINUTEMAN:
CHEMICALS _____ EQUIPMENT _____ BOTH _____

ANTICIPATED ANNUAL VOLUME WITH MINUTEMAN: _____

PRINCIPAL OWNERS OR STOCKHOLDERS

Name	Social Security #	Address	City - State	Zip

BANK REFERENCE

Name & Account No.	Telephone	Address	City - State	Zip

PRINCIPAL SOURCES OF SUPPLY (Minimum of Three - Open Accounts Only)

Name	Telephone	Fax #	City - State	Zip

(SEE REVERSE SIDE)

Form 002514

A copy of your most current financial statement attached to this application would be extremely helpful.

SALE AND USE TAX RESALE CERTIFICATE

I certify that _____ (purchaser's name) is registered with the below listed cities and states within which your firm would deliver purchases of tangible property to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business.

Registration #: _____ City/State: _____

Registration #: _____ City/State: _____

I further certify that if any property is so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax, we will pay the tax directly to the proper taxing authority when state law so provides. This certificate shall be part of each order which we may hereafter give to you and shall be valid until canceled by us in writing or revoked by the city or state.

If OPEN ACCOUNT STATUS is approved, I (we) promise to pay my (our) account in full within thirty days after your invoice date, or as specified in the terms and conditions of written contract. If, however, this account is not paid as agreed, interest at the rate of one and one-half percent (1 1/2%) per month shall accrue on our balance. Also, if this account is not paid as agreed, shipments will be withheld and continued abuse will necessitate review of my (our) credit standing.

In addition, I (we) agree to be liable for all collection and/or legal fees should this action become necessary. I (we) understand that a service fee will be charged on all returned checks.

You are hereby authorized to contact any or all of the listed references regarding our credit standing. I understand the above stated terms and policy as stated.

I declare that the information provided herein is true and correct to the best of my knowledge.

Authorized Party _____ Title _____
Print Name

Signature _____ Date _____

INDIVIDUAL PERSONAL GUARANTY (Complete if applicable)

I _____ (individual), residing at _____, for and in consideration of your extending credit at my request to _____ (name of Company) of which I am _____ (title), hereby personally guarantee payment to Minuteman International, Inc. in the state of Illinois any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature Date Witness