UNIFIED SAFETY COMMERCIAL CREDIT APPLICATION

Firm Name	Phone ()			
Address				
City				
State Business License #				
COMPANY OWNER				
Name				
Title				
Home Address			_	
City	State	Zip Code		
Name				
Title				
Home Address				
Name				
Title				
Home Address				
City	State	Zip Code		
ORGANIZATIONAL STRUCTURE: Corporation	n Partnership	Proprietorship LL	C	
Number of Years in Business:	Type of Business			
Name of Person in charge of Accounts payable: _				
BANK REFE	ERENCES			
Name of Bank				
Address			_	
City		Zip Code	_	
Check Account No.	Phone No. ()		

TRADE REFERENCES

Name			
Contact			
Address			
City	St	ate	Zip Code
Name			
Contact			
Phone	Fax		
Address			
			Zip Code
Name			
Contact			
Address			
City	St	ate	Zip Code
payable net 30 days from incredit report for review for payable characteristics are assonable attorney.	voice date. Unified Saturposes of extending or ged on the unpaid balas fee and other costs of ces rendered by Unifie	afety is aucredit. A since of particular collection of Safety,	ount are ALL charge invoices are athorized to obtain a copy of my finance charge of 2% per month, st due accounts. Customer agrees on after default and referral to an pursuant to this contract shall be designate in writing.
DATED this day	of	_, 20	
	BY:		
	Its:		

INDIVIDUAL PERSONAL GUARANTY

I,, residing a
for and in consideration of your
extending credit at my request to, (hereinafter
referred to as the "Company"), of which I am the, personally
guarantee to you the payment at Unified Safety's office of any obligation of Company. I hereby
agree to bind myself to pay you on demand any amount 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.
DATED this day of
BY: