H.L. DALIS INC.

Wholesale Distributors

35-35 24TH STREET • LONG ISLAND CITY. NY 11106
(718) 361-1100 • (718) 361-8700 • Fax: (718) 472-1565
(800) HLDALIS • Fax: (718) 392-7654 • E-Mail: hldalis@aol.com

CREDIT APPLICATION

Name of Firm: _____ Date Established: _____

Trade Style (DBA): _____ Phone: _____Cell Phone:_____ Fax: _____

Fed ID #: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Resale: _____

Description of Business: _____

□ Sole Proprietorship □ General Partnership □ Corporation

Name of Principles	Residential Street Address	City/State ZIP	SS# Date of Birth	Drivers License #	State
I)					
2)					

Trade References: (Please Do Not list C.O.D. Accounts)

Company Name	Street Address	City/State/Zip	Phone # (include area code)	Fax #	Name of Contact
1)					
2)					
3)					
4)					

Tax Status: □ Taxable □ Exempt (Resale Certificate must be enclosed and on file)

Credit Line Requested $ _____

Estimated Annual Sales $ _____ Rated in D & B? □ Yes □No

Bank References:

Name	Street Address	City/state/Zip	Phone	
1)				Acct # _____ Acct Type _____
2)				Acct#_____ Acct Type _____
3)				Acct # _____ Acct Type_ _____

In consideration of the credit which H.LDalis, Inc. may hereafter extend to above purchaser, I (Or we) jointly, severally unconditionally, and personally guarantee payment when due of any present or future indebtedness owing by the purchaser to the seller and in whatever form it may be evidenced. I (or we) hereby waive notice of acceptance of this guarantee by seller, notice of deliveries and notice of any and all defaults in payments by the named purchaser. This is a continuing guaranty applying present and future indebtedness arising out of any and all transactions had by the purchaser with the seller until a revocation is received by seller, in writing only, by registered mail at its office, 35-35 24th Sheet, Long Island City, NY 11106. It is agreed that bills rendered will be paid in full within 30 days following the date of purchase. So understood and agreed:

A service charge of 1-1/2% per month wilt be assessed on all past due balances. This charge is subject to change at any time.

Signed: _____ Print Name: _____

I (or we) agree to pay to H.LDalis, Inc. all attorney's fees and expenses incurred by H.L.Dalis, by reason of any default in payment by the purchaser and also the exercise by HLDalis, Inc. of the enforcement of its rights under the terms of this guaranty.

Signed: _____ Print Name**: _____**

I certify that all the information on this form is correct, and that I have read and understood and agreed to the foregoing and agree that H.LDalis has the right to verify any of the above information.

Signed: _____ Title: _____

Print Name: _____

Witness: _____ Date: _____

Do Not Write Below This Line

Date Received: _____ Date Finished: _____

Credit Authorized by: _____Salesman: _____

Credit Limit: _____Account #: _____

PLEASE FILL IN AND FAX BACK TO 718-472-1565