

GALLADE CHEMICAL, INC.

APPLICATION FOR CREDIT

WE HEREBY APPLY TO **GALLADE CHEMICAL, INC.** FOR CREDIT AND CERTIFY THAT THE INFORMATION BELOW IS CORRECT. THIS INFORMATION IS THE STRICTEST CONFIDENCE AND SHALL NOT BE DIVULGED WITHOUT OUR CONSENT.

Firm or Corporate Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Corporation Co-Partnership Limited Partnership Individual Business

Incorporated under the laws of _____ Business started: _____ We employ: _____

Type of Business: _____

If under two (2) years, "PERSONAL GUARANTEE" on reverse side of sheet MUST BE COMPLETED and signed by a Corporate officer.

Parent Company: _____

Chief Financial Officer: _____ Phone: _____

Other Related Businesses: _____

Contacts — For Payment Problems: _____ Phone: _____

_____ Phone: _____

Net Worth: _____ Please attach most recent financial statement.

Bank: _____ Contact: _____ Phone: _____

References: (At least three trade references) **(Please include Zip Codes)**

- | | |
|----------------|----------------|
| 1) Name: _____ | Contact: _____ |
| Address: _____ | Phone: _____ |
| 2) Name: _____ | Contact: _____ |
| Address: _____ | Phone: _____ |
| 3) Name: _____ | Contact: _____ |
| Address: _____ | Phone: _____ |
| 4) Name: _____ | Contact: _____ |
| Address: _____ | Phone: _____ |

We understand **Gallade Chemical, Inc.** terms are net 30 days and a charge of 1½% per month, or portion thereof, will be added to all past due accounts (18% per annum). All payments are due 30 days after the invoice date. Our firm is financially able to meet any commitment we make with **Gallade Chemical, Inc.** and we agree to pay per your terms. In the event that suit is instituted on this account, the undersigned hereby agree(s) to pay all court costs and such additional sum as the court may deem reasonable as attorney's fees.

Dated: _____ **Signed:** _____ Position: _____

Guarantee of Payment: On reverse side of sheet. Must be completed and signed by a corporate officer.

Please return to:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GALLADE CHEMICAL, INC.
1230 E. SAINT GERTRUDE PLACE
SANTA ANA, CA 92707
(714) 546-9901
FAX (714) 546-2501 | GALLADE CHEMICAL, INC.
425 N. ANDREASEN DRIVE
ESCONDIDO, CA 92029
(619) 489-0798
FAX (619) 489-0297 | GALLADE CHEMICAL, INC.
15120 SANTA ANA AVENUE
FONTANA, CA 92337
(909) 823-4873
FAX (909) 823-0850 | GALLADE CHEMICAL, INC.
8333 ENTERPRISE DRIVE
NEWARK, CA 94560
(800) 451-4661
FAX (510) 794-9482 |

**GUARANTEE OF PAYMENT
MUST BE COMPLETED AND SIGNED**

Dated at _____, California _____, 19 _____

For value received, the receipt of which is hereby acknowledged, and in consideration of your advancing credit for _____

_____, Purchaser,

I/We, _____,

whose signatures are inscribed below, hereby guarantee the prompt payment to GALLADE CHEMICAL, INC. of all amounts now due or which may hereafter become due and owing to you and said debtor entity.

Liability of the undersigned shall not be affected or prejudiced by the additional acceptance of a note or evidence of indebtedness, the extension of time, payment arrangement, or other indulgence granted to Debtor, or by agreement affecting said indebtedness, and the undersigned hereby waives notice of all of the aforesaid.

The filing or suit or exhaustion of collection or legal remedies against said debtor shall not be a condition precedent to the enforcement of this guarantee, and the undersigned hereby expressly waive(s) demand, presentment for payment, protest, notice of protest or diligence.

This guarantee shall continue until you have received a notice in writing of termination executed by both parties. Should the undersigned elect to terminate this guarantee, such termination shall not affect the liability of the undersigned as to accounts and amounts then owing from Debtor.

In the event that suit is instituted on this guarantee, the undersigned hereby agree(s) to pay all court costs and such additional sum as the court may deem reasonable as attorney's fees.

PURCHASER (Firm Name) _____

BUSINESS ADDRESS _____ CITY _____ ZIP _____

GUARANTOR _____ Signature

HOME ADDRESS _____

****PERSONAL GUARANTEE
MUST BE COMPLETED IF UNDER TWO (2) YEARS IN BUSINESS**

****Personal Guarantee must be signed, not typewritten or printed.**

I, _____, personally will guarantee any charges made as a result of the credit application on the reverse side should payment not be made in accordance with terms and conditions of sale.

Home Address: Street: _____

City: _____ Zip: _____

Telephone No.: _____ S.S. # _____

Calif. Driver's License # _____

Renting or Buying Where Financed? _____

Street Address _____ City _____

Spouse's Name _____

Your Personal Bank _____ SAVINGS
Account # _____

BRANCH _____ City _____

_____ CHECKING
Account # _____

BRANCH _____ City _____

**SIGNED _____ Signature