## Tierratek, Inc.

Date:



P.O. Box 882 Cypress, CA 90630 Ph. 714-228-5460 Fax 714-220-1856

## **CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

| Title:  Company name:  Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BUSINESS CONTACT INFORMATION    |                          |                        |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|------------------------|-----------|--|
| Phone:         Fax:         E-mail:           Registered company address:         State:         ZIP Code:           Date business commenced:         Amount to be financed:         Date business commencement           Sole proprietorship:         Partnership:         Corporation:         Other:           BUSINESS AND CREDIT INFORMATION           Primary business address:           State:         ZIP Code:           How long at current address?           Fex:         E-mail:           Bank name:           Bank address:         Phone:           City:         State:         ZIP Code:           Type of account           Account number           BUSINESS/TRADE REFERENCES           Company name:           Address:           City:         State:         ZIP Code:           Phone:         Fax:         E-mail:           Type of account:           Company name:           Address:         ZIP Code:           City:         State:         ZIP Code:           Phone:         Fax:         E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Title:                          |                          |                        |           |  |
| Registered company address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Company name:                   |                          |                        |           |  |
| City: State: ZIP Code:  Date business commenced: Amount to be financed: Sole proprietorship: Partnership: Corporation: Other:  BUSINESS AND CREDIT INFORMATION  Primary business address:  City: State: ZIP Code: How long at current address?  Telephone: Fax: E-mail: Bank name: Bank andress: Phone: City: State: ZIP Code:  Type of account Account number  Savings Checking Cother  BUSINESS/TRADE REFERENCES  City: State: ZIP Code:  Type of account Account number  Savings Checking Cother  BUSINESS/TRADE REFERENCES  City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: C-mail: City: State: C- | Phone:                          | Fax:                     | E-mail:                |           |  |
| Date business commenced:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registered company address:     |                          |                        |           |  |
| Sole proprietorship:   Partnership:   Corporation:   Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City:                           |                          | State:                 | ZIP Code: |  |
| Primary business address:  City: State: ZIP Code:  How long at current address?  Telephone: Fax: E-mail:  Bank name:  Bank address: Phone:  City: State: ZIP Code:  Type of account:  Company name:  Address:  City: State: ZIP Code:  BUSINESS/TRADE REFERENCES  Company name:  Address:  City: State: ZIP Code:  BUSINESS/TRADE REFERENCES  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: Code:  Phone: Fax: E-mail:  Type of account:  Company name:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date business commenced:        |                          | Amount to be financed: |           |  |
| Primary business address:           City:         State:         ZIP Code:           How long at current address?         Fax:         E-mail:           Bank name:         Bank address:         Phone:           City:         State:         ZIP Code:           Type of account         Account number         ZIP Code:           Savings         State:         ZIP Code:           Checking         Susiness/TRADE REFERENCES           Company name:           Address:           City:         State:         ZIP Code:           Phone:         Fax:         E-mail:           Type of account:           Company name:         Address:         ZIP Code:           City:         State:         ZIP Code:           Phone:         Fax:         E-mail:           Type of account:         E-mail:         ZIP Code:           Company name:         Address:         ZIP Code:           City:         State:         ZIP Code:           Phone:         Fax:         E-mail:           Type of account:         E-mail:         ZIP Code:           Phone:         Fax:         E-mail:           Type of account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sole proprietorship:            | Partnership:             | Corporation:           | Other:    |  |
| City:         State:         ZIP Code:           How long at current address?           Telephone:         Fax:         E-mail:           Bank address:         Phone:           City:         State:         ZIP Code:           Type of account           Savings           Checking           Other           BUSINESS/TRADE REFERENCES           Company name:           Address:           City:         State:         ZIP Code:           Phone:         Fax:         E-mail:           Type of account:           Company name:           Address:           City:         State:         ZIP Code:           Phone:         Fax:         E-mail:           City:         State:         ZIP Code:           Phone:         Fax:         E-mail:           City:         State:         ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BUSINESS AND CREDIT INFORMATION |                          |                        |           |  |
| How long at current address?  Telephone: Fax: E-mail:  Bank name:  Bank address: Phone: City: State: ZIP Code:  Type of account Account number  BUSINESS/TRADE REFERENCES  Company name: Address: IP Code:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Primary business address:       |                          |                        |           |  |
| Fax:   E-mail:   Bank name:   Bank name:   Phone:   State:   ZIP Code:   City:   State:   ZIP Code:   City:   State:   City Code:   City:   State:   City Code:   City:   State:   City Code:   City:   State:     | City:                           |                          | State:                 | ZIP Code: |  |
| Bank name:  Bank address: Phone: City: State: ZIP Code: Type of account Account number Savings Checking Other  BUSINESS/TRADE REFERENCES  Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Agreement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | How long at current address?    |                          |                        |           |  |
| ## Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone:                      | Fax:                     | E-mail:                |           |  |
| City:         State:         ZIP Code:           Type of account         Account number         Savings           Checking         Image: Checking of the count of the cou                                                                                                                         | Bank name:                      |                          |                        |           |  |
| Type of account Account number  Savings Checking Other  BUSINESS/TRADE REFERENCES  Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Agreement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bank address:                   |                          | Phone:                 |           |  |
| Savings Checking Other  BUSINESS/TRADE REFERENCES  Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: Company name:  Address: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: City: State: ZIP Code: Phone: Fax: E-mail:  Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: Company name: AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City:                           |                          | State:                 | ZIP Code: |  |
| Checking Other  BUSINESS/TRADE REFERENCES  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Type of account                 | Account number           |                        |           |  |
| BUSINESS/TRADE REFERENCES   Company name:   Address:   City: State: ZIP Code:   Phone: Fax: E-mail:   Type of account:   City: State: ZIP Code:   Phone: Fax: E-mail:   Type of account:   City: State: ZIP Code:   Phone: Fax: E-mail:   Type of account:   Address:   City: State: ZIP Code:   Phone: Fax: E-mail:   Type of account:   AGREEMENT   1. All invoices are to be paid 30 days from the date of the invoice.   2. Claims arising from invoices must be made within seven working days.   3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Savings                         |                          |                        |           |  |
| BUSINESS/TRADE REFERENCES  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Checking                        |                          |                        |           |  |
| Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other                           |                          |                        |           |  |
| Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | BUSINESS/TRA             | DE REFERENCES          |           |  |
| City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  City: State: ZIP Code:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Company name:                   |                          |                        |           |  |
| Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Code: Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address:                        |                          |                        |           |  |
| Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City:                           |                          | State:                 | ZIP Code: |  |
| Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice.  2. Claims arising from invoices must be made within seven working days.  3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone:                          | Fax:                     | E-mail:                |           |  |
| Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Code:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Type of account:                |                          |                        |           |  |
| City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                          |                        |           |  |
| Phone: Fax: E-mail:  Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address:                        |                          |                        |           |  |
| Type of account:  Company name:  Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City:                           |                          | State:                 | ZIP Code: |  |
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| Address:  City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Type of account:                |                          |                        |           |  |
| City: State: ZIP Code:  Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Company name:                   |                          |                        |           |  |
| Phone: Fax: E-mail:  Type of account:  AGREEMENT  1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Tierratek, Inc. to make inquiries into the banking and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address:                        |                          |                        |           |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - ,                             |                          |                        |           |  |
| business/trade references that you have supplied.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                          |                        |           |  |
| SIGNATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                          |                        |           |  |
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| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title                           |                          | Title                  |           |  |

Date: