

Trivantage, LLC Credit Application

1831 North Park Avenue, Glen Raven, NC 27217 Phone: (336) 227-6211

Company's Legal Name _____ Trade Name, If Different _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____ A/P Contact Name. _____

Federal ID No. _____ D&B No. _____ A/P Phone No. _____

Shipping Address, If Different _____

City _____ State _____ Zip Code _____

Nature of Business _____ Yrs. in Business _____ No. of Employees _____

Annual Sales \$ _____ Sales Tax: Taxable Exempt (If exempt, please attach your sales tax exemption certificate.)

Do You: Own Building Rent/Lease Landlord _____ Phone No. _____

Type of Account Requested:

Credit Card C.O.D./Certified C.O.D./Check Net 30 Days Line of Credit Desired \$ _____

Principal Owners/Officers

Name Title

1. _____

2. _____

3. _____

4. _____

Commercial Credit References (Please furnish complete addresses.)

Business Name Contact City/St Phone No. Fax No.

1. _____

2. _____

3. _____

4. _____

Bank Reference

Name of Bank _____ Phone No. _____ Fax No. _____

Address _____

City _____ State _____ Zip Code _____

Account Manager _____

**** Please see bottom of last page for submission information ****

General Provisions

This application and the information herein is a request for the extension of credit for commercial business use only and applicant certifies that the firm he or she represents is doing business as a Corporation, LLC, Partnership, or Sole Proprietorship (check one). The applicant authorizes the above named creditor to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to the creditor which will assist the creditor in the credit investigation. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary, and should creditor, upon such reinvestigation, deem it necessary, to limit or terminate the credit arrangement with said applicant.

Upon credit approval, terms are Net 30 days. Applicant agrees to pay any and all finance charges assessed at the rate of 1 1/2% per month (18% per annum, or such other amount permitted by applicable law), for late payment of any invoice. Applicant agrees to pay for all collection and/or attorney fees, related costs and subsequent interest charges for any balance placed for collection. Applicant further agrees to the creditor's Terms of Sale, a copy of which was included with this credit application. Should applicant, at some future time, deviate from the creditor's terms, said creditor reserves the right to terminate future extension of credit to applicant. If applicant's account should become delinquent or exceed the established credit limit set by creditor, orders are subject to being shipped C.O.D. or held until payment is received by creditor to bring applicant's account to a current status. If there is any change in the status of the applicant (name, address, principals, tax number, etc.), notification in writing must be made to the creditor and a new credit application may have to be completed.

Company Name: _____
Owner/Officer Signature: _____
Title: _____
Date: _____

Personal Guarantee

I, _____, residing at _____,
_____, in order to induce Trivantage, LLC ("Trivantage"), of Glen Raven, NC, to extend
(Name of Guarantor)

credit to _____ (the "Company") hereby guarantee to Trivantage the prompt payment, when due, of
(Name of Company)

every claim of Trivantage which presently exists or which may hereafter arise in favor of Trivantage against the Company. This is a continuing guaranty and shall remain in force until revoked by me by notice in writing to Trivantage, but such revocation shall be effective only as to claims of Trivantage which arise out of transactions entered into after its receipt of such notice. This obligation shall cover the renewal of any claims guaranteed by this instrument or extensions of time of payment thereof, and shall not be affected by any surrender or release by Trivantage (in whole or in part) of any claim or of other security held by it for any claim guaranteed. In the event of default of the Company in making payment on any claims of Trivantage when due, I agree, without Trivantage first having to proceed against the Company, to pay on demand all sums due and to become due to Trivantage from the Company, and all losses, costs, attorney's fees, or expenses which Trivantage might suffer by reason of the Company's default.

In witness whereof I have signed on _____ 20_____, _____
(Date) (Year) (Signature of Guarantor)

(Signature of Guarantor's Spouse) (Signature of Witness)

In order to process this credit application, all information must be completed. Please allow two weeks for the processing of your application. Submit application to:

Trivantage-CreditAccountsReceivable@glenraven.com or fax: 336-586-1658

FOR TRIVANTAGE USE ONLY

Credit Approved: Yes No Approval _____ Date Approved _____

Type of Credit Approved: C.O.D./Cash C.O.D./Check Net 30 Days CC Credit Line \$ _____