



CIESCO, Inc.

3 Locations to serve your needs

109 Millers Lane
Harrisburg, PA 17110
Phone: (717) 232-5825
Fax: (717) 232-2008
Toll Free: 800-339-1713

299 Boot Road Suite 300
Downingtown, PA 19335
Phone: (610) 518-2233
Fax: (610) 518-2236

2901 Stewart Drive
State College, PA 16801
Phone: (814) 234-3928
Fax: (814) 234-3920

COMMERCIAL INTERIOR & EXTERIOR SUPPLY COMPANY

SERVICE AT A COMPETITIVE PRICE

CREDIT APPLICATION AND AGREEMENT

DATE: _____

BUSINESS NAME (applicant) _____

TRADE NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

CELL NUMBER _____ EMAIL _____

SALES TAX EXEMPTION NUMBER _____

(WHEN APPLICABLE CERTIFICATE MUST BE ATTACHED)

TYPE OF OWNERSHIP: CORPORATION ____ PARTNERSHIP ____ INDIVIDUAL ____ OTHER (list) ____

ALL OWNERS, PARTNERS, OR IF CORPORATION, OFFICERS:

TITLE	NAME	ADDRESS	TELEPHONE
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1. _____

2. _____

3. _____

4. _____

TYPE OF BUSINESS _____

BEGAN BUSINESS _____, _____ GROSS ANNUAL SALES \$ _____

LENGTH OF TIME AT PRESENT LOCATION _____

NAME AND ADDRESS OF LANDLORD _____

MAXIMUM MONTHLY CREDIT REQUESTED _____

BANK REFERENCES

BANK'S NAME _____

BANK'S NAME _____

ADDRESS _____

ADDRESS _____

CONTACT _____

CONTACT _____

ACCOUNT NUMBER _____

ACCOUNT NUMBER _____

TRADE REFERENCES WHERE CREDIT IS NOW EXTENDED

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

AMOUNT OUTSTANDING _____

AMOUNT OUTSTANDING _____

PHONE _____

PHONE _____

FAX _____

FAX _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

AMOUNT OUTSTANDING _____

AMOUNT OUTSTANDING _____

PHONE _____

PHONE _____

FAX _____

FAX _____

ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU? YES _____ NO _____

IF "YES", TO WHOM OWED? _____ AMOUNT _____

HAVE YOU FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT IN ANY BUSINESS IN WHICH YOU WERE THE PRINCIPAL WITHIN THE LAST 14 YEARS? YES _____ NO _____

- IF "YES", EXPLAIN IN DETAIL: _____
- _____

CREDIT PRIVILEGES ARE HEREBY APPLIED FOR, AND IT IS UNDERSTOOD AND AGREED THAT THE TERMS OF PAYMENT ARE NET WITHIN 30 DAYS FROM DATE OF INVOICE. DELINQUENT ACCOUNTS ARE SUBJECT TO A 1 ½% PER MONTH FINANCE CHARGE. ALSO INDICATED BY MY SIGNATURE BELOW, IS THE AUTHORIZATION TO DO THE INVESTIGATION NECESSARY TO DETERMINE WHETHER OR NOT CIESCO, INC. WILL EXTEND CREDIT AS REQUESTED HEREIN.

IF ANY DEBT ARISING OUT OF A CREDIT GRANTED SUBSEQUENT TO THIS CREDIT APPLICATION AND AGREEMENT (hereinafter the Credit Application) BECOMES DELINQUENT, AND IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, APPLICANT AGREES TO PAY UNTO CIESCO, INC. ATTORNEY'S FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF SUCH DELINQUENT DEBT, PLUS ALL COURT AND ATTENDANT COLLECTION COSTS.

ON BEHALF OF THE APPLICATION, I CERTIFY THAT EVERYTHING STATED IN THIS CREDIT APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME OF BUSINESS _____

SIGNATURE _____

TITLE _____

PERSONAL GUARANTEE

TO INDUCE APPROVAL OF THIS CREDIT APPLICATION, AND IN CONSIDERATION FOR CIESCO, INC. EXTENDING CREDIT TO THE ABOVE NAMED APPLICANT, WE THE UNDERSIGNED DO HEREBY JOINTLY, SEVERALLY, AND PERSONALLY GUARANTEE THE PROMPT AND TIMELY PAYMENT OF ALL MONIES DUE CIESCO, INC. FROM THE APPLICANT AS A RESULT OF CREDIT EXTENDED BY CIESCO, INC. TO SAID APPLICANT, AND WE HEREBY AGREE TO INDEMNIFY CIESCO, INC. AGAINST ANY AND ALL DAMAGE LOSS, EXPENSE (including attorney's fees) AND/OR LIABILITY SUSTAINED BY CIESCO, INC. BY REASON OF, OR RELATED TO THE APPLICANT'S FAILURE TO PAY ALL MONIES OWED TO CIESCO, INC. WHEN DUE. CIESCO, INC. MAY ENFORCE THIS PERSONAL GUARANTEE AGAINST THE UNDERSIGNED, OR ANY OF THEM JOINTLY, OR SEVERALLY, WHETHER OR NOT ANY ACTION IS TAKEN BY CIESCO, INC. AGAINST THE APPLICANT.

THIS PERSONAL GUARANTEE SHALL BIND OUR RESPECTIVE HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS, AND SHALL ENDURE TO THE BENEFIT OF CIESCO, INC.'S SUCCESSORS AND ASSIGNS. ALL CIESCO, INC. RIGHTS ARE CUMULATIVE, AND NOT ALTERNATIVE.

PRINT NAME	SIGNATURE	SOCIAL SECURITY #
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DATED THIS _____ DAY OF _____, _____