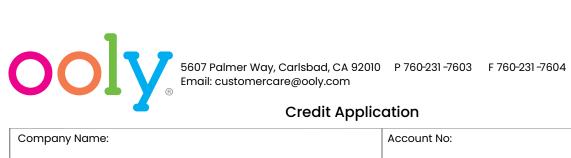


Credit Application

BUSINESS AND CONTACT INFORMATION						
Legal Name:						
DBA Name (if different from above):						
Authorized Officer/Owner:			Title:			
Email:						
Mailing Address:						
City:		State:			ZIP:	
Organization type (sole prop, partnership, corporation):						
FED EIN:						
BUSINESS BANK INFORMATION						
Bank name:		Acco	Account No:			
Bank address:		Bank	Bank Officer:			
City:		State	State:		ZIP Code:	
Phone:	Fax:		Email:			
TRADE REFERENCES						
Company name:		Acco	Account No:			
Address:						
City:		Stat	State:		ZIP Code:	
Phone:	Fax:	E-mo	E-mail:			
Type of account:						
Company name:		Acco	Account No:			
Address:						
City:		State	State:		ZIP Code:	
Phone:	Fax:	E-mo	E-mail:			
Type of account:						



Company Name:		Account No:				
Address:						
City:		State:	Zip Code:			
Phone:	Fax:	Email:				
Type of Account:						
AGREEMENT						
 All invoices are to be paid 30 days from the date of the invoice. I agree to pay finance charges of 2% per month (18% annual rate)if the account becomes past due. \$35 will be charged for any returned checks. Claims arising from invoices must be made within seven working days. By signing and submitting this application, you authorize OOLY, LLC to make inquiries into the banking, credit reports and business/trade references that you have supplied. 						
SIGNATURES						
Signature:	Sigr	inature:				
Printed Name:	Prin	ited Name:				
Title:	Title	9:				
Date:	Dat	e:				
FOR OFFICE USE ONLY						
Account No:	New:	Update:				
Territory:						