CONFIDENTIAL CREDIT APPLICATION

MicrobeGuard, LLC (**"MicrobeGuard"**) appreciates the opportunity to supply you with its products. In order to avoid delays in shipments or the need to ship products C.O.D., MicrobeGuard will extend varying credits terms to qualified customers. If you wish to open a Credit Account, simply complete this application form and return it to our office. Until approval is received, all purchases will be shipped C.I.A, C.O.D., Visa, MasterCard or Discover. Shipments made C.O.D. to you are not an inconvenience to us, we are just making Open Credit available to you.

NOTE: Credit applications <u>NOT COMPLETED</u> in full and signed will be <u>RETURNED UNPROCESSED</u>.

<u>COMPANY INFORMATION</u>:

Name of Company: _____ Date: _____

DBA / Trade Name: _____ No. of Employees: _____

State of Incorporation / Organization: _____

If Applicable, Check All That Apply:

☐ Subsidiary of ☐ Division of ☐ Branch of

Company Name: _____

Subsidiary/Division/Branch Address: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____ Fax No: _____

Type of Business: _____

FEIN No.: _____ Year Company Established: _____ Tax Exempt No.: _____

Resale Number: _____ D-U-N-S No.: _____
(Please Furnish copy of Certificate)

Accounts Payable Contact Person: _____ Phone No.: _____

Email: _____ Fax No.: _____

Place of Business is: ◯ Owned ◯ Leased

Applicant Initials _____

OWNER(S) / OFFICER(S) INFORMATION:

Check one of the following: ◯ Corporation ◯ LLC ◯ Partnership ◯ Proprietorship

Name: _____ Title: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____ Fax No: _____

Social Security No.: _____ Date of Birth: _____

Name: _____ Title: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____ Fax No: _____

Social Security No.: _____ Date of Birth: _____

Years Under Current Management: _____

TRADE REFERENCES (COMPANIES THAT EXTEND YOU NET TERMS):

Company Name: _____ Acct. No.: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____ Fax No: _____

Company Name: _____ Acct. No.: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____ Fax No: _____

Company Name: _____ Acct. No.: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____ Fax No: _____

Applicant Initials _____

BANK REFERENCES:

Bank Name: _____ Acct. No.: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____ Fax No: _____

Contract Person: _____ Email: _____

Bank Name: _____ Acct. No.: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____ Fax No: _____

Contract Person: _____ Email: _____

APPLICANT MUST READ AND SIGN:

I hereby certify I am duly authorized to make this application and allow verification of the above information. I guarantee payment of all bills when due, and acknowledge a delinquency assessment at the maximum allowable interest rate by law until paid; and in the event the account is placed with an attorney for collection or suit of the same is collected through probate or bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorneys' fees. It is understood and agreed that any checks returned to us by your bank shall be charged a service fee; that any account with an N.S.F. check shall be placed on a C.O.D. only basis for a probationary period determined by the Credit Department. This guarantee shall be continuing, absolute and unconditional, and shall remain in full force and effect until written notice of its discontinuance is sent by certified or registered mail, return receipt requested and actually received by MicrobeGuard and until any and all indebtedness existing before receipt of such notices shall be fully paid. As part of this application for credit, I/We grant permission to MicrobeGuard to contact consumer credit reporting agencies, commercial credit reporting agencies and any or all of the Trade and Bank references listed above, together with any other references which may be provided by these Trade and Bank references.

Name: _____ Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Reviewed by: _____ Date: _____

PERSONAL GUARANTEE

FOR VALUE RECEIVED, and in consideration for, and as an inducement to MicrobeGuard, to extend credit terms (**"Credit"**), wherein the Owners/Officers herein named, Individually, for and on behalf of the Company Credit Applicant, (each a **"Guarantor"** or collective **"Guarantors"**), the undersigned hereby absolutely and unconditionally guarantees to MicrobeGuard, its successors and assigns, the prompt and full payment of all principal balances and any and all accrued interest, as those terms are defined in the Terms and Conditions of Purchase, a copy of which is attached hereto and contained herein, and the terms of which are subject to change, and all other payments to be made by Company under the Terms and Conditions of Purchase, and the full performance and observance of Company Credit Applicant of all other terms, covenants, conditions and agreements therein provided to be performed and observed by Company Credit Applicant, for which the undersigned shall be jointly and severally liable with the Company Credit Applicant. The undersigned hereby waives any notice of non-payment, nonperformance or non-observance, or proof of notice or demand.

The undersigned agrees that, in the event of a default by Company Credit Applicant under the Terms and Conditions of Purchase, MicrobeGuard may proceed against the undersigned before, after or simultaneously with or in lieu of proceeding against Company Credit Applicant. This Guaranty shall not be terminated, affected or impaired in any manner by reason of (1) the assertion by MicrobeGuard against Company Credit Applicant of any of the rights or remedies reserved to MicrobeGuard pursuant to the provisions of the Terms and Conditions of Purchase; (2) the relief of Company Credit Applicant from any of Company Credit Applicant's obligations under the Terms and Conditions of Purchase by operation of law or otherwise; (3) the commencement of summary or other proceedings against Company Credit Applicant; (4) the failure of MicrobeGuard to enforce any of its rights against Company Credit Applicant; or (5) the granting by MicrobeGuard of any extension of time to Company Credit Applicant. The undersigned hereby waives all defenses of suretyship.

The undersigned further covenants and agrees that (1) he/she/it shall be bound by all provisions, terms, conditions, restrictions and limitations contained in the Terms and Conditions of Purchase which are to be observed or performed by Company Credit Applicant thereunder, the same as if the undersigned were named therein as Company Credit Applicant; and (2) this Guaranty shall be absolute and unconditional and shall be in full force and effect notwithstanding any amendment, addition, assignment, transfer, renewal, extension or other modification of the Terms and Conditions of Purchase, whether or not the undersigned shall have knowledge or have been notified of or agreed or consented thereto. The failure of MicrobeGuard to insist in any one or more instance upon strict performance or observance of any of the terms, provisions or covenants of the Terms and Conditions of Purchase or to exercise any right therein contained shall not be construed or deemed to be a waiver or relinquishment for the future of such term, provision, covenant or right but the same shall continue and remain in full force and effect. If MicrobeGuard, at any time, is compelled to take action, by legal proceedings or otherwise, to enforce or compel compliance with the terms of this Guaranty, the undersigned shall, in addition to any other rights or remedies to which MicrobeGuard may be entitled hereunder or as a matter of law or in equity, pay to MicrobeGuard, all costs, including reasonable attorneys' fees, incurred or expended by MicrobeGuard in connection therewith.

READ, UNDERSTOOD AND AGREED TO:

_____	_____	_____
Guarantor Printed Name	Guarantor Signature	Date
_____	_____	_____
Guarantor Printed Name	Guarantor Signature	Date
_____	_____	_____
Guarantor Printed Name	Guarantor Signature	Date