

OSBORNE, INC.

7954 Reynolds Road – P.O. Box 658 – Mentor, Ohio 44061-0658

Phone: (440) 942-7000 – Fax (440) 942-0961

www.osbornecompaniesinc.com

APPLICATION FOR CREDIT BY COMPANY Date: _____

Business Name _____
(Exact name in which business is conducted)

Business Address _____
Number – Street

Business Location _____
City State Zip Code

Phone _____ Fax _____ Years in Business _____

Ownership: Sole Owner Partnership Corporation Type of business _____

Federal Id# _____

OFFICERS AND/OR OWNERS

Name _____ Home Phone _____ Title _____

Home Address _____ SS# _____

Name _____ Home Phone _____ Title _____

Home Address _____ SS# _____

Future Jobs _____ Approx Credit _____

REFERENCE(S)

BANK NAME: _____

_____ Address Phone Checking Savings Loans

SUPPLIERS: (Including Ready Mix Suppliers)

Name _____ PH# _____ FAX# _____

Name _____ PH# _____ FAX# _____

Name _____ PH# _____ FAX# _____

TERMS: Net 30 days from invoice. Purchases not paid within 30 days are subject to a finance charge of 1 ½% monthly (18% annually) on unpaid balance. *The terms and provisions, including the additional terms on the reverse hereof shall be applicable to any extension of credit by all or any of the above named companies.

ADDITIONAL TERMS-SEE REVERSE HEREOF: THE APPLICANT ACKNOWLEDGES THAT HE/THEY HAVE READ THE TERMS AND CONDITIONS CONTAINED ON THE REVERSE SIDE HEREOF WHICH ARE INCORPORATED HEREIN AND EXPRESSLY AGREES AND ASSENTS TO SAME.

Authorized Representative _____ Printed Name _____

STATEMENT: For the purpose of securing the extension of credit from Osborne, Inc. and/or any of its subsidiaries or affiliated companies, the undersigned represents and warrants that the statements made and information contained herein, and in the financial statement, if any, submitted herewith, are complete, correct and true, with the intent that strict reliance be place thereon as the basis for the extension and continuation of credit accommodations to the undersigned.

STATEMENT: The undersigned further agrees that notwithstanding the fact that this application has been executed in a corporate or representative capacity, each signer hereof by such signature hereby assumes personal and individual responsibility for payment to Osborne, Inc. and/or any of its subsidiaries or affiliated companies at Mentor, Ohio, of all amounts due pursuant to such extension of credit, according to the invoice amount and credit terms stated thereon, together with reasonable attorney fees and court costs, said personal and individual responsibility being given in consideration of the extension of credit by Osborne, Inc. or any of its subsidiaries, such liability to be joint and several with that of applicant. It is further agreed that the terms hereof shall take effect immediately upon the execution hereof, and the extension of any credit to applicant. Also, applicant and any signer hereof understand that a faxed application and faxed signature is acceptable and considered as an original document.

STATEMENT: Osborne, Inc. and/or any of its affiliated or subsidiary companies may at any time offset amounts owed to Applicant against amounts owed by Applicant to Osborne, Inc. and/or any of its affiliated or subsidiary companies.

STATEMENT: The undersigned further authorizes Osborne, Inc. to obtain credit reports both with respect to the applying entity or business and with respect to the undersigned personally and individually. The undersigned acknowledges that such credit reports may be considered consumer reports for purposes of the Fair Credit Reporting Act 15 U.S.C. 1681 et seq., and that in making the determination as to whether or not to grant credit Osborne, Inc. may rely upon the information contained in such credit reports. For a summary of consumer rights under the Fair Credit Reporting Act, please see 16 CFR Pt.601 of App. A.

STATEMENT: A 1½% per month service charge will be charged on all past due accounts.

STATEMENT: Purchases and/or deliveries are herewith authorized to be made without signature or delivery receipt.

Representative Signature