



Adventure Lighting, Inc.

90 Washington Ave.
Des Moines, IA 50314
515-288-0444

Part 1

CREDIT APPLICATION

Company Name (full legal name): _____
Billing Address: _____
City, State & Zip Code: _____ Phone: _____

____ Proprietorship
Owner's Name: _____ Social Security No.: _____
Spouse's Name: _____ Social Security No.: _____
Home Address: _____

____ Corporation
State of Incorporation: _____ Federal I.D. No.: _____
Officers: President: _____ Home Phone: _____
V.P.: _____ Home Phone: _____
Treas. _____ Home Phone: _____
Sec'y. _____ Home Phone: _____

____ Other (please provide ownership information)
Names: _____ Home Phone: _____
_____ Home Phone: _____
_____ Home Phone: _____

Type of Business: _____
How long have you been in business (if less than five years, please complete Part 2)? _____
Estimated Monthly Credit Requirements? _____
Is this business a defendant in any suits or collection actions? _____
If so, please explain: _____

Bank References:

Bank Name: _____ Phone: _____
Address: _____
City, State, Zip Code: _____
Type of Account: _____ Account No _____
Banker's Name: _____ Phone: _____

Trade References: (list at least three places where you by on open account.)

1) Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____

2) Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____

3) Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____

Terms:

Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms shown on each invoice.

Late Charges:

The Applicant agrees to pay late charges of 2% per month (24% yearly) on all invoices or amounts 30 days or more past due.

Legal:

Should it become necessary to refer the account for collection, I/We jointly and severally further agree to pay all expenses of collection, including court costs and responsible attorney fees.

The undersigned represents and warrants that the information and statements contained in this Application are true and complete and are made for the purpose of establishing a line of credit. I/We hereby authorize Adventure Lighting, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility and to furnish information on applicant's payment performance to credit reporting agencies and other inquiries.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE. (Only authorized persons may sign)

_____	_____/_____/_____
Customer Name	Date
By X _____	_____
Signature	Signature
_____	_____
Title	Title

Part 2 INDIVIDUAL PERSONAL GUARANTY

Date: _____

I, _____ residing at _____ for and in consideration of your extending credit at my request to _____ (herein after referred to as the "Company"), of which I am _____ hereby personally guarantee to you the payment at Des Moines, IA of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____