



IFL GROUP
6860 S. SERVICE DR.
WATERFORD, MI 48327
248-666-9713 Fax 248-666-9614
1-800-521-4406

APPLICATION FOR CREDIT

The information requested is for the purpose of establishing an account that will meet your needs. The more information we have, the better we can serve you. Please complete this application in full. The information you provide will be held in strictest confidence. Thank you for your time and cooperation. We look forward to serving you.

Credit limit desired: \$ _____

Full Company Name Federal ID#

Mailing Address (Area Code) Phone number

Street Address (If different from mailing) Person to contact regarding financial matters

City State Zip (Area Code) Phone number

1.) _____
Name (s) of Principal(s) and Complete Address Zip (Area Code) Phone number

2.) _____

3.) _____

Trade Credit References: (please list charter operators if possible)

1.) _____
Company Name and Complete Address Zip (Area Code) Phone number

2.) _____

3.) _____

4.) _____

Bank Reference:

Bank Name and Complete Address Zip (Area Code) Phone number

Contact Name

The undersigned grant(s) permission to investigate/verify credit information. Applicant and its agent(s) and guarantor(s) hereby authorize any and all banks, financial institutions, and other credit reporting agencies to furnish credit information to be used for the purpose of extending credit to the applicant.

Terms are agreed to be due within 15 days (net 15).

TIME PRICE DIFFERENTIAL (SERVICE CHARGE) OF 1.5 PERCENT per month added to all accounts after the expiration of the terms granted (Michigan only). In all other states, where permitted by law, a service charge of 2% per month (Annual Rate 24%) will be added.

Default: Should any default be made in any of the terms hereunder, all amounts owed by customer shall become immediately due and payable. In the event the account is placed for collection, customer and guarantors agree to pay all expenses of collection to the extent permitted by law including, but not limited to, actual attorney fees incurred by the seller.

Any claims for adjustments or corrections of billings must be made within ten days of receipt of invoice.

The parties consent that any action between the parties may be brought in the Circuit Court for the County of Oakland, Pontiac, Michigan. This agreement shall be governed by and enforced in accordance with the laws of the State of Michigan.

THE UNDERSIGNED ACKNOWLEDGE(S) THAT TERMS OF THIS AGREEMENT, BY EXECUTING THIS CREDIT APPLICATION, THE UNDERSIGNED AGREE(S) TO COMPLY WITH ALL PROVISIONS HEREOF, AND TO PAY ALL SUMS AND CHARGES ON THIS ACCOUNT OPENED IN THIS ACCOUNT NAME, WHETHER INCURRED BY ME OR BY MY AGENTS, REGARDLESS OF CAPACITY IN WHICH SIGNED.

APPLICANT:

Signature Applicant

(Please print name and title)

Date

GUARANTY OF PAYMENT

The undersigned, in consideration of the sales on credit to the above customer, do unconditionally and irrevocably personally guarantee the payment of this account when due according to its terms. REFERENCE TO OFFICE HOLDERS BELOW IS FOR IDENTIFICATION ONLY AND DO NOT LIMIT PERSONAL LIABILITY, OR RELIEVE THE UNDERSIGNED FROM PERSONAL LIABILITY GUARANTEES. Revocation of this guaranty of payment can be made only in writing sent certified mail, return receipt requested to The Company. Revocation of the guaranty of payment will be effective only when received by seller and only as to services provided after the date of the receipt of the Notice of Revocation. Guarantors waive any right to notice of nonpayment, demand or presentment, waive notice of acceptance of this guaranty and consent to all changes of terms, extensions of credit, releases of security and any extensions of forbearance by seller shall have no effect on the enforceability of this guaranty.

Guarantors Signature

Name (Please Print)

Date