

Elite Buyer Corporation, INC.

www.elitebuyer.com

PHONE: (562) 983-9057

FAX: (562) 983-6487

APPLICATION (Please attach latest financial statement.)

REVISED 9/00

Company Name: _____ Phone: (____) _____

Mailing Address: _____ Fax #: (____) _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Form of Ownership: Proprietorship _____ Partnership _____ Corporation _____ Year Started _____

How long at this address? _____ If corporation, Date Incorporated: _____ State: _____

Drivers License #: _____ State: _____ Social Security #: _____

Name of Owner, Partners or Officers: _____ Title _____ Address. (Residence) _____

Annual Volume: \$ _____ Anticipated Monthly Purchases: \$ _____

of Employees: _____ Is purchase order required? Yes _____ No _____

Fiscal Year Ends: _____ Financial Statement Attached? Yes _____ No _____

Major Trade References / Supplier Name _____ Account # _____ Phone# _____

(1) _____

(2) _____

(3) _____

Bank Reference / Bank Name _____ Address _____ Phone# _____

Officer to contact: _____ Account #: _____

By providing this application to Elite Buyer Corp., I (we) authorize you to obtain information, now or in the future from credit reporting agencies and our vendors, suppliers and financial institutions. All debts are due and payable in LA County, CA. A \$50.00 administrative and return check fee will be assessed. All past due accounts will be charged a 1.5% per month service charge on the outstanding balance.

DATE _____ SIGNATURE _____ NAME (printed) _____

INDIVIDUAL GUARANTEE: I, (We) the undersigned, in consideration of Elite Buyer Corp. opening an account with / or extending credit to the above named corporation pursuant to this application of my (our) request as an officer, director, stock holder of company, hereby personally, (and jointly and severally, if more than one) guarantee payment of debts and all legal and other costs of collection incurred in collection with the aforesaid credit. Elite Buyer Corp. may obtain an individual credit report if deemed necessary.

DATE _____ SIGNATURE _____ NAME (printed) _____