www.rainycreeksoap.com

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CREDIT APPLICATION

This satement is made for the sole purpose of establishing a line of credit with Rainy Creek Soap Ltd. Co. and the information given herein is complete and truthful.

| GE | NERAL ACCOUNT INFO | RMATIO | N | | | |
|-------------------------------|---|----------------|---------|------------------------|--|--|
| Firm Name | Federal I.D. # | | | | | |
| Billing Address | Street Add | Street Address | | | | |
| City | S | State | ZII | P | | |
| Date of Application | Type of Business | | | | | |
| Year Business was Established | Year | s at this add | ess | | | |
| | State Sales Tax Exemption Number (Please attach copy of certific dual Sole Prop LLC l | eate) | | | | |
| IF YES, what was th | or an account with us under a difference account name? otcy? Yes No IF YES, when Case | ? (date) | | | | |
| | BANKING REFEREN | | | | | |
| Address | Branch Accou | | | Check or Save (circle) | | |
| Secondary Bank Account: | | | | | | |
| • | Branch | I | Phone _ | | | |
| Address | | | | Check or Save (circle) | | |
| Account Name | Accou | unt # | | | | |

OWNERS, PARTNERS OR OFFICERS

| 1. | | | | | | | | |
|--|---|--|---|---|---|--|--|--|
| | Name: First | MI | Last | Title | SSN | | | |
| _ | Date of Birth | Home | Address | | | | | |
| 2. | Name: First | MI | Last | Title | SSN | | | |
| | Date of Birth | Home | Address | | | | | |
| 3. | Name: First | MI | Last | Title | SSN | | | |
| | Date of Birth | Home | Address | | | | | |
| Purchasing Contact: Name | | | | Phone | | | | |
| Bi | lling Contact: | Name | | Phone | | | | |
| | | BU | SINESS CREDI'. | T REFERENCES | | | | |
| Please list at least three (3) businesses with which you have regular charge accounts: | | | | | | | | |
| | Company Name | | City/State | Phone | Person to Contact | | | |
| | | | | | | | | |
| | | | | MS AND AGREEN | | | | |
| > | Please read carefully | and sign below | ·- | | | | | |
| with Rain cost terr fin (2.) out (3.) thi | thin this term will incur iny Creek Soap Ltd. Co lebtedness due and paya sts if the account must be minate the account, but ance charge to date of p Credit Information: It is bank to release inform Payment Agreement: s charge account with the | a FINANCE Co. (RCS) shall he able if default of the referred to an may avail itself oxyment, has been submitting the attion confirming. We, the understanding this the terms of this | HARGE of 1.3% compound ave the right to: a.) limit the ccurs in making any payme a attorney for collection; d.) f of the terms of this agreemen received. his application for credit, we ag our existing account(s) to signed, also individually gu | nts when due; c.) to collect reast to limit the amount of credit expent until full payment of the end authorize RCS to investigate of RCS upon request. | AL PERCENTAGE RATE. this account; b.)declare the entire conable attorney's fees and court attended under this account or attrie balance due, including our credit record and we authorize | | | |
| 1. | Authorized Signature | | Print Name | Title | Date | | | |
| | | | | | | | | |
| 3 | | | | | | | | |