

**EELP**  
**15 LANTERN LANE**  
**CHERRY HILL NJ 08002**  
**215 244-4496 FAX: 877 634-6887**

*Credit Application*

**Business Name:** \_\_\_\_\_ **Doing Business As:** \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_  
**Tax Exempt?** Yes/NO \_\_\_\_\_ **Sales Tax #:** \_\_\_\_\_ (If Yes, Attach copy of certificate)  
**D&B Number/Rating:** \_\_\_\_\_

**Please Circle One:** Partnership Corporation Sole Proprietor Other:  
**Number of Employees:** \_\_\_\_\_  
**Year Business Started:** \_\_\_\_\_  
**State and Date of Corporation:** \_\_\_\_\_  
**Annual Sales:** \_\_\_\_\_  
**Line of Business:** \_\_\_\_\_  
**Accounts Payable Contact:** \_\_\_\_\_

<b>Owner/Partner1</b>	<b>Owner/Partner2</b>
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____

**3 Trade References – MUST BE TYPED - Telephone / Fax numbers and Contact Name**

**Bank Reference – MUST BE TYPED – Telephone / Fax number / Account Number and Contact)**

1. The customer will pay all charges for credit purchase in full within our stated terms.
2. Customer agrees to pay a service charge of 1.5% a month (18% APR) on the outstanding balance of account due for more than 30 days.
3. Applicant agrees to pay a service charge of \$30.00 for any checks returned from the Applicant's bank unpaid for any reason. EELP shall have the right to demand payment of the returned check in cash or certified funds immediately.
4. If EELP retains counsel for the purpose of collecting any monies that may be due under this credit agreement, and then in the event, the customer agrees to pay reasonable attorney's fees, together with any disbursements and court costs in connection with the collection. The counsel fees and disbursements are in no event to affect, but are to be paid in addition to court cost and disbursements.
5. Signatory gives permission for bank and trade references to release credit information to EELP.
6. The information in the application and all financial statement submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorized EELP to investigate all credit references and any other matters pertaining to its financial responsibility.

**By signing this application, applicant agrees to the above terms and conditions.**

Applicant's Name: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

EELP  
15 Lantern Lane  
Cherry Hill NJ 08002  
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February 15, 2008

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To speed up the process of opening an account with our company, please give authorization to your bank to release the following information. Please sign below and fax back to 877 634-6887.

I give my permission to release the information to EELP Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Attn: \_\_\_\_\_

Date bank account was open:

Average monthly balance:

If there are any open loans:  
If yes how old are they:

Has there been any checks returned due to insufficient funds –

Thank you for your cooperation.

Ina Kravitz  
Controller