

14210 Northdale Blvd
Rogers, MN 55374



PHONE 763 428 4540

FAX 763 428 4518

APPLICATION FOR CREDIT

The following information is furnished for the purpose of securing credit terms with BURY COMPANIES, INC. By my (our) signature(s), I (we) give permission to obtain credit information and certify that the information provided below is correct.

COMPANY NAME ADDRESS CITY STATE ZIP

BUSINESS PHONE FAX TAX EXEMPT STATUS: YES _____ NO _____
IF YES, PLEASE ATTACH TAX EXEMPT CERTIFICATE

NAME/ADDRESS OF BANK

ACCOUNT NUMBER

TELEPHONE/CONTACT PERSON

We request your authorization for direct payment to insure payment, in case of failure to pay as invoiced.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize BURY COMPANIES, INC. to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

NAME OF FINANCIAL INSTITUTION ADDRESS CITY STATE ZIP

ACCOUNT NUMBER 9 DIGIT ROUTING NUMBER (LOCATED BETWEEN !: and :!) CHECKING OR SAVINGS

SIGNATURE TITLE DATE

TRADE REFERENCES:

COMPANY NAME ADDRESS PHONE FAX

COMPANY NAME ADDRESS PHONE FAX

COMPANY NAME ADDRESS PHONE FAX

COMPANY NAME ADDRESS PHONE FAX

CREDIT LINE POLICY

It is understood that all invoices must be paid within one month after the end of the month in which a purchase is made from BURY COMPANIES, INC. Any balances not paid within the prescribed period shall become past due, and are subject to a one and one half percent (1.5%) charge per month (18%) per year on the unpaid balance.

Should your account become delinquent in excess of sixty (60) days, you will be held responsible for all costs incurred in collecting the debt, including reasonable attorney's fees.

SIGNATURE:

I (we) certify that all information on this application is correct, and that I (we) fully understand the credit terms above, and that I (we) have furnished this information for the sole purpose of consideration for purchasing material on a credit line basis.

SIGNATURE TITLE DATE

COMPANY NAME ADDRESS CITY STATE ZIP

GUARANTY OF PAYMENT:

As a condition of extending credit to privately-held corporations, we request that the principle shareholder unconditionally guarantee full payment of the applicant. The liability of the guarantor shall not be affected by extension or variation of the credit terms to the applicant. Notice of acceptance, nonpayment and demand for payment are expressly waived.

GUARANTY:

The undersigned guarantees payment by the applicant in accordance with the terms set forth above.

SIGNATURE TITLE DATE