TRITECH**FORENSICS**

RESCUE ESSENTIALS RESCUE ESSENTIALS AND NLES ARE DIVISIONS OF TRI-TECH FORENSICS, INC 3811 International Blvd., Suite 100 • Leland, NC 28451 910/457.6600 • FAX 910/457.0094 • 800/438.7884

BILL TO ADDRESS:

Credit Application and Personal Guarantee

SHIP TO ADDRESS:

| Company Name | | Company Name |
|------------------------------|------------------------------|--|
| | | |
| Address | | Attention To |
| City, State, Zip | | Address |
| Accounts Payable (AP) Contac | ct Name | City, State, Zip |
| AP Email Address | | Email Address |
| AP Phone Number | | Phone Number |
| Dun & Bradstreet Num | per: | |
| Type of Business | | Year Business Est |
| Mark one: 🗆 Proprietor | rship 🛛 Partnership 🔲 Limi | ited Partnership 🛛 Corporation 🔲 Ltd Liability |
| If Incorporated: Year In | corporated: State of Incor | rporation: FEIN # |
| Tax Exempt? 🛛 Yes | □ No (If yes, include copy o | f Certification of Exemption) |
| D | | |
| | S OR OFFICERS IF INCORPORATE | <u>D</u> : |
| | | |
| Name & Title: | | |
| Name & Title: | | |
| BANK INFORMATION: | | |
| <u>BARKING CRANATION</u> . | Bank Name | Account # |
| | Address | |
| | Contact Name and Phone # | |
| TRADE REFERENCES: | | |
| Business Name | | Business Name |
| Address | | Address |
| Phone Number & Email Addre | | Phone Number & Email Address |
| | | |
| Business Name | | Business Name |
| Address | | Address |
| Phone Number & Email Address | | Phone Number & Email Address |
| | | |



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RESCUE ESSENTIALS

Credit Application and Personal Guarantee

By signing this credit application/agreement, the individual executing this Application below on behalf of Buyer, individually and personally, represents and warrants to Tri-Tech Forensics, Inc (Seller) that:

1) he/she is authorized to execute this Application on behalf of Buyer; 2) the information set forth in this Application is accurate and complete; 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with Seller will be entitled to recover its costs, including attorneys' fees, collection agency fee, from the other party; and 4) any legal action brought by Buyer will be in the jurisdiction of Brunswick County, NC, and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of North Carolina will apply. Buyer agrees to pay interest on any unpaid purchases, One (1) day after the payment due date, at the rate of 1.5% per month; 18% per annum, or the maximum judicial rate, whichever is less.

In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the Buyer has specified on this document and others that Seller becomes aware of during the credit review process and from time to time. The undersigned also understands that Seller will retain this Application, whether or not it is approved, and that Tri-Tech Forensics Inc will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer. In order for Seller to sell and to continue to sell to Buyer, Buyer hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer. E-mailed or faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others.

| Authorized Signature | Date |
|------------------------|-------|
| | |
| Signatory Name (Print) | Title |

PERSONAL GUARANTEE

The individual by signing this credit application/agreement is executing this Application on behalf of Buyer and personally guarantees and agrees to be personally liable for failure of the performance by Buyer of, any and all of Buyers' obligations under this Application with Seller, including timely payment of any and all sums due to Seller. The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection.

| Authorized Signature | Date | |
|------------------------|-------|--|
| | | |
| Signatory Name (Print) | Title | |

Please return this completed form, a current W-9 form, and Sales Tax Exemption Certificate (if applicable).