



RING'S END, INC. COMMERCIAL CREDIT APPLICATION & PERSONAL GUARANTEE

APPLICATION SHOULD BE COMPLETED IN BLUE INK

For Office Use Only

Account Code:

Opened By:

COMMERCIAL CREDIT APPLICATION *Indicates required fields

*BUSINESS ENTITY TYPE <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Other:				
*BUSINESS NAME			*FEDERAL TAX ID	
*BILLING ADDRESS (NUMBER AND STREET)			(APT, SUITE, OR UNIT)	
*CITY			*STATE	*ZIP CODE
*BUSINESS TELEPHONE () -	EXT.	IS MOBILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	FAX NUMBER () -	TRADE CREDIT LIMIT DESIRED: \$
BUSINESS E-MAIL ADDRESS				APPLICANT'S PREFERRED STORE (Please specify):

PRINCIPAL (Continued on reverse side)

*NAME (FIRST) (MI) (LAST)	*MOBILE PHONE () -	*ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)
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OFFICERS/PARTNERS

NAME (FIRST) (MI) (LAST)	MOBILE PHONE () -	ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)
NAME (FIRST) (MI) (LAST)	MOBILE PHONE () -	ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)
NAME (FIRST) (MI) (LAST)	MOBILE PHONE () -	ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

We, the undersigned, authorize Ring's End, Inc. and any of its subsidiary companies to investigate our personal credit and financial records, including our banking records. We understand that Ring's End, Inc. and any of its subsidiary companies or their agents may request our personal credit bureau report in considering this application, and for the purpose of an update, renewal, extension of credit, review or collection of this account.

The information contained within this application is submitted for the purpose of obtaining credit and is warranted by the undersigned to be true and complete.

We, the undersigned, understand that all bills will be due and payable within 15 days after the date of billing and are **past due after 30 days**. Past due accounts are subject to a **Finance Charge** which is computed by a "**Periodic Rate**" of **1-1/4%** per month on unpaid balances which is an **Annual Percentage Rate of 15%**.

In the event the account opened hereunder becomes delinquent, and said account is placed in the hands of the collector or any attorney to enforce its payment, in whole or in part, and whether legal proceedings are instituted or not, the undersigned, jointly and severally if more than one, agree(s) to pay all costs and expenses incurred by Ring's End, Inc. and any of its subsidiary companies in collecting or otherwise enforcing, or attempting to enforce payments including attorney's fees.

The undersigned, jointly and severally if more than one, personally and unconditionally guarantee(s) the timely payment of all amounts owed at any time under the above account (whether the account is in the name of the undersigned, a corporation, a partnership, or otherwise) and waives any defense based on suretyship or impairment of collateral. Each of the undersigned acknowledge that the account is for commercial purposes and hereby waives his or her right to a notice or hearing under Section 52-278a and 52-278f of the Connecticut General Statutes with respect to any attachment or any other prejudgment remedy which Ring's End, Inc. and any of its subsidiary companies may desire to use (in any suit or action to enforce the above guarantee).

(If property is held jointly, all owners are required to sign below)

DRIVER'S LICENSE NUMBER & STATE

DRIVER'S LICENSE NUMBER & STATE

DRIVER'S LICENSE NUMBER & STATE

DRIVER'S LICENSE NUMBER & STATE

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

PRINCIPAL (continued) (If property is held jointly, all owners are required to sign on the front page)

*DO YOU OWN YOUR HOME? (Choose One): <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPERTY TITLE TO HOME (IN NAME OF):	IF JOINTLY OWN, WITH WHOM? (FULL NAME)
ADDRESS OF YOUR HOME:		
(NUMBER AND STREET)	(APT/STE/UNIT)	(CITY)
		(STATE)
		(ZIP CODE)

*E-MAIL ADDRESS

BILLING CONTACT

*NAME (FIRST) (MI) (LAST)	*PRIMARY PHONE () -	*E-MAIL ADDRESS
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TRADE REFERENCES

COMPANY NAME	PRIMARY PHONE () -	E-MAIL ADDRESS
COMPANY NAME	PRIMARY PHONE () -	E-MAIL ADDRESS
COMPANY NAME	PRIMARY PHONE () -	E-MAIL ADDRESS