SECOR

CREDIT APPLICATION

Please fill out completely - Gray areas for SECOR use only

Please return completed forms to Krista McCaleb at k.mccaleb@secoronline.com OR fax to 281-647-7603

Customer #: Approved For / By:

*Orders MUST be Pre-Paid by Credit Card or Wire Transfer until Credit Application is approved (If paid by check, order will NOT ship until check has cleared)

Credit will NOT be extended for any orders totaling less than \$5000.

| | | Credit Will NOT be exte | nueu for any orders | totaling less than \$5000. | | |
|--------------------------------------|----------------|-------------------------|----------------------|--|------------------------|--------------------------------|
| Legal Name of Company: | | | | | | |
| Trade Name (dba): | | | | | | |
| Accounts Payable Contact: | | | | Taxpayer FEI #: | _ | |
| Phone: | | Fax | 1 | A/P E-mail: | | |
| Billing Address: | | _ | | _ | | |
| City, State, Zip Code: | | | | | | |
| # of Employees: | | Yrs. In Business: | | Type of Business: | | |
| Resale Certificate Number: | | _ | (Please attach copy) | — Company Website | : | |
| ☐ Purchase Order | Required | ☐ Purchase Order No | t Required | ☐ Not Exempt | ☐ Exempt *(Please Atta | ach Proof of Exemption) |
| | BANK RE | FERENCES | | | BANK REFERENCES | |
| Name/Address | | | | Name/Address | | |
| City | State | | _ | City | | State |
| Zip Code Bank Officer | Country | | - | Zip Code Bank Officer | | Country |
| Phone | Fax | | | Phone | | |
| Account # | | | | Account # | | |
| ☐ Checking | | ☐ Savings | | | ☐ Checking | ☐ Savings |
| | | | | | | |
| | TRADE R | <u>EFERENCES</u> | | | TRADE REFERENCES | <u>i</u> |
| Company Name | | | | Company Name | | |
| Address | | | | Address | | |
| City | State | | | City | | State |
| Zip Code | Country | | _ | Zip Code | | Country |
| Contact | | | _ | Contact | | |
| Phone | Fax (Required) | | | Phone/Fax (Required) | | |
| Account # | | | | Account # | | |
| - | | | | | | |
| | TRADE R | EFERENCES | | 7 | TRADE REFERENCES | <u> </u> |
| Company Name | <u></u> | | | Company Name | <u></u> | = |
| Address | | | | Address | | |
| City | State | | | City | | State |
| Zip Code | Country | - | _ _ | Zip Code | | Country |
| Contact | | | | Contact | | |
| Phone | Fax (Required) | | | Phone/Fax (Required) | | |
| Account # | | | | Account # | | |
| | | | | | | |
| The person(s) supplying the above in | | | | ers/Guarantors authorize Seller to cation shall be as valid as the orig | | sonal credit status, including |
| Signature: | | | | Title: | | |
| Printed Name: | | | | Date: | | |
| | | | | | | |

Customer's acknowledgement and agreement to all of Secor's Policies and General Terms & Conditions is a material term and continuing condition of becoming and remaining a SECOR Customer and/or to obtain credit from SECOR.

CORPORATE GUARANTEE

| IN CONSIDERATION | of credit | financia | l accommod | lations 6 | extended | l, to | be extend | led | or continued | d to |
|------------------|-----------|----------|------------|-----------|----------|-------|-----------|-----|--------------|------|
|------------------|-----------|----------|------------|-----------|----------|-------|-----------|-----|--------------|------|

The guarantor signature(s) below must be dated and witnessed.

"Borrower"

by Scheele Engineering Corporation, d.b.a. SECOR (here-in known as "Seller") and for other goods and valuable considerations, the undersigned, do hereby jointly, severally and unconditionally guarantee to seller, the payment of each and every claim, demand indebtedness, right or cause of action of every nature whatsoever against Borrower now or hereafter existing due or to become due to or held by Seller, together with all accrued interest and any and all expenses and attorney's fees incurred by Seller in enforcing this agreement. This is a continuing Guarantee and all extensions of credit and financial accommodations concurrently herewith or hereafter made by Seller to Borrower shall be conclusively presumed to have been made in acceptance hereof and shall not be revoked by 1. the death of the Guarantor(s); 2. the sale or transfer of purchaser subsequent to the execution of this Guarantee; or 3. the departure, resignation and/or disassociation for any reason, of Guarantor(s) from purchaser. The undersigned waive notice of acceptance of this Guarantee and any liability to which it applies or may apply, and waive presentment and demand for payment thereof, notice of dishonor or nonpayment thereof, collection or instigation of suit or any other action by Seller in collection thereof including any notice of default in payment thereof or other notice to, or demand of payment therefore on any party. It is further agreed that any dispute concerning the interpretation, enforceability or enforcement of this Guarantee, shall be pursuant to SECOR's Dispute Resolution Policy, available at:

SECOR's Dispute Resolution Policy

I hereby guaranty to seller, the prompt payment, in accordance with the terms of credit, of every claim of Seller, including claims relating to goods sold, open accounts and accounts stated, against the above-named proprietorship, partnership, individual, or corporation. It is understood and agreed by the undersigned that this personal guaranty shall remain in full force and effect regardless of whether the above-named corporation, partnership, individual, sole proprietorship files bankruptcy, becomes insolvent, or is otherwise dissolved.

| Signed at (County) | , (City) | , (State) | _ this the |
|-----------------------------------|---------------|--|---------------|
| day c | f | , 20 | |
| Guarantor Signature: | | | |
| Guarantor Printed Name: | | | |
| | | | |
| | | | Zip Code |
| Driver's License #: | | State | |
| | (Attach Copy) | | |
| EIN / SS #: | | | |
| In witness whereof, I/we have sig | _ | quaranty for the purposes set forth above or | n the day of: |
| | • | | |
| Witness Printed Name: | | | |

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Please view SECOR's Policies and General Terms & Conditions