CONFIDENTIAL CREDIT AGREEMENT

"SERVING INDUSTRY SINCE 1920"

BALDWIN SUPPLY COMPANY
601 ELEVENTH AVE SOUTH
MINNEAPOLIS, MN 55415-1795

PHONE (612) 338-6911
FAX (612) 338-8247

IN CONSIDERATION OF OPENING A LINE OF CREDIT WITH BALDWIN SUPPLY CO., IT IS AGREED THAT OUR COMPANY WILL PAY ALL SUMS WHEN DUE AND ACCORDING TO THE TERMS STATED ON BALDWIN SUPPLY'S INVOICE. NO ALTERATIONS WILL BE ACCEPTED FOR PAYMENT UNLESS APPROVED IN WRITING BY BALDWIN SUPPLY COMPANY. ANY BALANCE PAST DUE, THROUGH NO FAULT OF BALDWIN SUPPLY CO., IS SUBJECT TO A SERVICE CHARGE OF 1-1/2 % PER MONTH AS STATED ON THE INVOICE. IN THE EVENT OF NONPAYMENT, OUR COMPANY AGREES TO PAY, IN ADDITION TO THE PRINCIPAL AMOUNT DUE, ALL SERVICE CHARGES, COLLECTION COSTS, REASONABLE ATTORNEY AND COURT COSTS AND ANY OTHER REASONABLE FEES DUE TO BALDWIN SUPPLY COMPANY. I AUTHORIZE YOU TO CONTACT REFERENCES AND TO OBTAIN INFORMATION FROM OUTSIDE SOURCES THAT MAY BE NEEDED TO OBTAIN AN OPEN LINE OF CREDIT WITH BALDWIN SUPPLY COMPANY

DATE_____SIGNATURE OF OWNER OR PRINCIPAL_____TITLE OF PRINCIPAL_____

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COMPANY INFORMATION

COMPANY NAME_____DBA_____
BILLING ADDRESS_____CITY_____STATE_____ZIP_____
SHIPPING ADDRESS_____CITY_____STATE_____ZIP_____
PREVIOUS ADDRESS IF COMPANY HAS MOVED WITHIN THE LAST 5 YEARS _____

COMPANY PHONE# _____COMPANY FAX# _____
HOW LONG HAS THE COMPANY BEEN DOING BUSINESS_____TYPE OF INDUSTRY-DESCRIBE_____

TYPE OF ENTITY: (CIRCLE ONE) PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER_____
IF INCORPORATED: STATE OF INCORPORATION_____YEAR OF INCORPORATION_____

NAME OF OWNERS OR AUTHORIZED OFFICERS OF CORPORATION (PROVIDE HOME ADDRESS, ZIP CODE, AND SOCIAL SECURITY# FOR PROPRIETORSHIP OR PARTNERSHIP)

_____

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ACCOUNTING INFORMATION

ACCOUNTS PAYABLE CONTACT _____ ACCOUNTS PAYABLE PHONE _____

ACCOUNTS PAYABLE FAX _____ ACCOUNTS PAYABLE E-MAIL _____

INVOICE DELIVERY METHOD (CIRCLE ONE) FAX E-MAIL

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PURCHASE INFORMATION

NAME OF PURCHASING AGENT _____PHONE#_____FAX# _____
EXPECTED MONTHLY PURCHASES FROM BALDWIN $ _____WOULD YOU LIKE AN END OF THE MONTH STATEMENT?_____
ARE YOUR PURCHASES TAX EXEMPT FROM SALES TAX? _____IF YES, YOU MUST PROVIDE A COPY OF YOUR SALES TAX CERTIFICATE

IF YOU HAVE ANY PERSONNEL CHANGES, (I.E. A/P OR PURCHASING), PLEASE NOTIFY CUSTOMER SERVICE SO WE CAN UPDATE OUR RECORDS

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REFERENCE INFORMATION

BANK NAME _____ACCOUNT#_____NAME OF OFFICER_____

ADDRESS_____CITY_____STATE_____ZIP CODE_____

PLEASE PROVIDE THREE TRADE SUPPLIER REFERENCES THE COMPANY HAS DONE BUSINESS WITHIN THE LAST SIX MONTHS

NAME OF COMPANY	ADDRESS	PHONE AND FAX #'S
1.		
2.		
3.		

NOTE: THIS FORM MUST BE SIGNED ON THE TOP PORTION OR CREDIT WILL BE DENIED IMMEDIATELY