



CREDIT APPLICATION FORM

4605 S. Alameda St., Los Angeles, CA 90058 TEL 323 235 3300 FAX 323 235 3322

COMPANY INFORMATION

| | | | | |
|--------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------|
| Company Name | | | | |
| Billing Address | Street | City | State | Zip Code |
| Shipping Address | Street | City | State | Zip Code |
| Telephone Number | Fax Number | | E-mail Address | |
| A/P Contact Name | A/P Phone Number | | A/P Fax Number | |
| Type of Ownership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Other |
| Federal Tax ID Number | Resales Number | Resales Number | Social Security Number | |
| Date of Business Establishment | Number of Years at Present Location | | Prior Location Address | |
| President/ Owner's Name | Title | | | |

BANK REFERENCE

| | | | | | | | | | |
|--------------|--------|------|----------------------|----------|--------------------|--|--|--|--|
| Bank Name | | | | | Account Number | | | | |
| Address | Street | City | State | Zip Code | | | | | |
| Contact Name | | | Contact Phone Number | | Contact Fax Number | | | | |

TRADE REFERENCE

| | | | | | | | | | |
|--------------|--------|------|----------------------|----------|--------------------|--|--|--|--|
| 1 | | | | | | | | | |
| Company Name | | | | | Account Number | | | | |
| Address | Street | City | State | Zip Code | | | | | |
| Contact Name | | | Contact Phone Number | | Contact Fax Number | | | | |
| 2 | | | | | | | | | |
| Company Name | | | | | Account Number | | | | |
| Address | Street | City | State | Zip Code | | | | | |
| Contact Name | | | Contact Phone Number | | Contact Fax Number | | | | |
| 3 | | | | | | | | | |
| Company Name | | | | | Account Number | | | | |
| Address | Street | City | State | Zip Code | | | | | |
| Contact Name | | | Contact Phone Number | | Contact Fax Number | | | | |

CONFIRMATION & AUTHORIZATION

I specifically authorize the aforementioned Bank to release information to HS Global Trading Group concerning our Checking, Savings and Loan Accounts. Furthermore, I specifically authorize the aforementioned Trade References to release information concerning our business relationship.

To be considered for credit terms of net 30 days, the company applying must have favorable references and fill out this credit application form completely. This must include you Federal Tax ID and/or Resale number and authorized signature guaranteeing payment. This applicant also agrees to pay service charges of 1.5% per month (18% annually) in the event the account becomes past due in accordance with the terms of sales. Applicant agrees to pay any and all reasonable attorney's fees and collection cost in the event this account is placed for collection.

I hereby authorize the person of firm to whom this order is made, any credit bureau or other investigative agency employed by such person to check my credit and finance responsibility.

| | | | |
|------|------------|-------|-----------|
| Date | Print Name | Title | Signature |
|------|------------|-------|-----------|