



APPLICATION FOR COMMERCIAL CREDIT

217 Brook Ave. Suite 26
 Passaic NJ 07055
 Tel: 908-486-7050
 Toll Free: 866-primacare
 Fax: 908-845-0290

For the purpose of procuring and establishing credit, from time to time, the undersigned applicant furnishes the following information, including the attached Financial Statement. Applicant represents and warrants said information is true and correct and a true complete statement of its financial condition.

MAIL THIS APPLICATION TO:
 Primacare Medical Supplies Inc.
 ATTN: ACCOUNTS DEPT.
 217 Brook Ave. Suite 26
 Passaic, NJ 07055
 Fax: 908.845.0290

APPLICANT: BUSSINES OR CORPORATE					APPLICATION DATE				
BUSSINES STREET ADDRESS					BILLING ADDRESS				
CITY	STATE	COUNTY	ZIP	WE ARE ENGAGED IN THE BUSSINES			OF		
BUSINESS PHONE #		BUSINESS FAX #		EMAIL		T/F CERTIFICATE #		YEAR BUSINESS ESTABLISHED	
TYPE OF BUSINESS <small>PROPRIETOR LLC PARTNERSHIP CORPORATION</small>			PARENT FIRM		BUSINESS BUILDING		MONTHLY STATEMENT OF ACCOUNT REQUIRED <small>YES NO</small>		

OWNERS: (If applicant is a sole proprietorship or partnership) OFFICER: (If a corp.) MEMBERS/MANAGER (LLC)			
NAME	TITLE	HOME ADDRESS	HOME PHONE #
NAME	TITLE	HOME ADDRESS	HOME PHONE #
NAME	TITLE	HOME ADDRESS	HOME PHONE #

PRINCIPAL FINANCE INSTITUTE				
NAME	BRANCH ADDRESS	ACCOUNT #	TYPE OF ACCOUNT	CONTACT

TRADE PREFERENCES		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

In consideration of Primacare extending credit to applicant, Applicant agrees to pay for all items delivered to or at the request of Applicant by Primacare based on the following terms, 2% 10th following month, net thereafter. Interest and service charges will be imposed if payment is not received by the 25th of the following month. All accounts are due and payable at the remittance address shown on the Primacare invoice. Applicant agrees that each of the terms and condition of sale stated on the Primacare invoices shall be a term of a contract of each sale from Primacare to Applicant. Applicant acknowledge that after 30 days a 1% per month, 12% per annum, interest charge and 1% per month, 12% per annum, service charge will apply on all sums due to Primacare which have not been paid within thirty (30) days from the invoice date, and Applicant agrees to promptly pay said interest and service charge. The service charge will be due and payable on the 30th of the following month, and an additional service charge computed on the same basis, will be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges shall not be deemed a waiver of future service charges. Applicant further agrees that with regard to such service charges, Applicant and Primacare are parties to a written contract. In the event of default in payment and if an attorney is retained for collection, Applicant agrees to pay all costs of collection, including, but not limited to, the attorney fees computed as follows: The greater of 20% of the monies due to Primacare or the attorney's fees actually charged by Primacare attorneys multiplied by the hours expended by said attorneys. Attorney fees shall be paid by Applicant when incurred for constitution, trial or appellate services, whether suit be brought or not. Furthermore, Applicant expressly agrees that regardless of place of payment, all suits at law or in equity of breach of this agreement or for default in payment shall be instituted and maintained in any Court of competent jurisdiction in the applicable state. Applicant hereby expressly waives all venue rights. The terms of this agreement shall be governed by the laws in the county of _____ State of NJ and the parties agree to submit to the jurisdiction of the Sate of New Jersey. The undersigned warrants the above agreement has been carefully read and the Applicant understands the same. Applicant authorizes Primacare to obtain credit and financial concerning the Applicant at any time and from any source.

_____	_____
APPLICANT SOCIAL SECURITY NO.	NAME OF APPLICANT
_____	_____
APPLICANT FEDERAL TAX NO.	SIGNED BY TITLE

PERSONAL GUARANTEE

For value received to induce Primacare Supplies, to extend credit to the Costumer, the Guarantor (if more than one Guarantor, jointly and severally) hereby warrants and unconditionally guarantees to Primacare the full and prompt payment when due (including any accelerated or extended maturity) of all indebtedness, obligation and liabilities of Customer to Primacare, including finance charges applicable thereto, now existing or hereafter created or arising, even if such indebtedness is in excess of the applied for, or established credit line. Guarantor further agrees to waive all venue rights and pay all expenses of court costs and attorney or agency fees paid or incurred by Primacare in endeavoring to collect such indebtedness or any part thereof in enforcing the guaranty as stated in the Application.

Guarantor waives all notices and demands of any kind, and hereby consents to any agreement or arrangement whatever with Customer, including without limitation agreement for payment, extension, subordination, composition, arrangement, discharge or release of the whole or any part of the indebtedness, and the same shall in no way impair Guarantor's liability hereunder. Primacare may release or relinquishing any security now or hereafter held for any indebtedness hereby guaranteed or any guarantors or sureties, without the same discharging, releasing, or in any manner affecting liability of Guarantor hereunder.

This guaranty should be enforceable before or after proceeding against costumer, or simultaneously therewith, and with out resort to any security.

The incorporation, merger reorganization or sale of the customer's business shall not operate as a termination of the guaranty shall confine as to credit extended such other entity.

This guaranty shall continue in force until notice in writing of termination sent by registered or certified mail, return receipt requested, is received by Primacare, Attention: credit Manager . Not withstanding said termination, this guarantee shall remain in full force and effect as to the outstanding balance of the debit as of the date of termination of the guarantee together with any and all accrued interest and cost of collection of the dept.

_____	_____
GAURANTOR	DATE
_____	_____
GAURANTOR	DATE