



DEAR VALUED CUSTOMER:

IN ORDER FOR US TO PUT YOUR ACCOUNT ON AN OPEN BASIS IT IS NECESSARY FOR YOU TO COMPLETE AND RETURN THE ENCLOSED CREDIT APPLICATION WITHIN 10 DAYS.

AS YOU HAVE NOTICED, YOUR INITIAL ORDERS HAVE BEEN PROCESSED AND RETURNED TO YOU ON AN OPEN ACCOUNT (UP TO \$200). IN ORDER FOR YOUR ACCOUNT TO REMAIN ON AN OPEN BASIS WE MUST RECEIVE THIS CREDIT APPLICATION WITHIN 10 DAYS OR WE WILL ASSUME THAT YOU WOULD LIKE YOUR ACCOUNT TO BE ON A C.O.D. BASIS ONLY. IF YOU HAVE ANY QUESTIONS OR PROBLEMS PLEASE FEEL FREE TO CONTACT ME AT 1-800-327-4792.

SINCERELY,

Bill Lassiter

**Precision Laboratories, Inc.**  
P.O. Box 609500  
Orlando, FL 32860-9950

# CONFIDENTIAL CREDIT APPLICATION

407-774-8022  
800-327-4792

Account No. \_\_\_\_\_

WE WOULD LIKE TO REQUEST A MONTHLY CREDIT LIMIT OF: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OUR LEGAL ENTITY IS: (Check one)  CORPORATION  PARTNERSHIP  PROPRIETORSHIP  
YEARS ESTABLISHED \_\_\_\_\_

PROVIDE FULL NAME OF OWNER OR OWNERS (OR AUTHORIZED OFFICERS OF CORPORATION)  
LIST HOME ADDRESS & ZIP CODE FOR PARTNERSHIP OR INDIVIDUAL

\_\_\_\_\_  
\_\_\_\_\_

FEDERAL TAX NO. (FOR CORPORATION) \_\_\_\_\_ SOCIAL SECURITY NO. (OWNERS) \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

HOW LONG IN BUSINESS AT THIS ADDRESS \_\_\_\_\_ PREVIOUS ADDRESS \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN THE HEARING AID BUSINESS \_\_\_\_\_

IF YOU ARE NEW IN THE HEARING AID BUSINESS (WITHIN 18 MONTHS) WHAT WAS YOUR PREVIOUS BUSINESS EXPERIENCE?

\_\_\_\_\_

## TRADE REFERENCES

COMPANY	MAILING ADDRESS	PHONE NUMBER	ACCOUNT NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME OF BANK	STREET ADDRESS	ACCOUNT NUMBER
_____	_____	_____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: Payment due 30 days from invoice date. Late payments will be assessed a finance charge.

## PERSONAL GUARANTY

I, \_\_\_\_\_ residing at \_\_\_\_\_, for and in consideration of your extending credit at my request to \_\_\_\_\_ (hereinafter referred to as the "Company"), of which I am \_\_\_\_\_, hereby personally guarantee to Precision Laboratories, Inc. the payment at Orlando in the State of Florida of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to verify information on me/us, including requesting reports from credit reporting agencies. If I ask whether or not a personal credit report was requested, you will tell me, if you receive a report, you will give the name and address of the agency who furnished it.

FIRM \_\_\_\_\_ BY \_\_\_\_\_ TITLE \_\_\_\_\_

FIRM \_\_\_\_\_ BY \_\_\_\_\_ TITLE \_\_\_\_\_

PLEASE LIST ALL SHIP TO OFFICES ON BACK OF APPLICATION