

INFERNO
MANUFACTURING CORPORATION
115 Ricou Street
Shreveport, Louisiana 71107-6933

APPLICATION FOR CREDIT

Date: _____

Billing Address**Ship to Address**

Customer Name	Customer Name
Address	Address
City/State/Zip	City/State/Zip
Phone _____ Fax _____	Phone _____ Fax _____

Web Address	E-Mail Address
Purchasing Contract	Accts Payable Contact

Business Information

Business Category: Corporation Partnership Proprietorship Joint Venture Other

Description of Business: _____

List complete names of all principals:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Year Established: _____ At present location since (date): _____

Federal ID Number: _____ OR Social Security Number (Sole Proprietors): _____

Sales Tax Resell Certificate Info: State: _____ Cert# : _____ Please provide Inferno with copy of Certificate

Name & Address of Bank(s)

Name: _____ Telephone: _____
Address: _____ Account # (s): _____
City, State & Zip: _____ Contact Person: _____

Credit References (4 Required)**Must give Fax #**

Name: _____	Telephone: _____	Fax #: _____
Address: _____	City: _____	State: _____ Zip: _____
Name: _____	Telephone: _____	Fax #: _____
Address: _____	City: _____	State: _____ Zip: _____
Name: _____	Telephone: _____	Fax #: _____
Address: _____	City: _____	State: _____ Zip: _____
Name: _____	Telephone: _____	Fax #: _____
Address: _____	City: _____	State: _____ Zip: _____

Louisiana State Sales Tax

Purchases delivered within the state of Louisiana will be: ___ Completely tax exempt ___ Partially tax exempt ___ Taxable

SIGNED LOUISIANA AND/OR LOCAL EXEMPTION CERTIFICATES MUST BE ATTACHED IF EXEMPTION STATUS IS CLAIMED, EITHER PARTIALLY OR COMPLETELY. YOU WILL BE INVOICED FOR TAX ON SALES DELIVERED WITHIN LOUISIANA IF WE DO NOT HAVE A VALID CERTIFICATE ON FILE.

In consideration of granting credit to the undersigned, it is agreed that the undersigned will promptly pay all sums due 30 days after invoice. In the event payment is past due undersigned agrees to pay finance charges of 1 1/2% per month on the balance due. In the event of non-payment, the undersigned does hereby agree to pay in addition to the principal due, all collection charges incurred by Inferno Manufacturing Corp., including charges made by a collection agent and in the event of suit, reasonable attorneys' fees and court fees.

Date: _____ Authorized Signature: _____

Title: _____

Personal Guaranty (NOT APPLICABLE TO CORPORATIONS)

In consideration of the extension of credit by Inferno Manufacturing Corp., the undersigned does jointly and severally personally guaranty to pay and be responsible for payment of all sums, balances and accounts due Inferno Manufacturing Corp., including collection charges and/or attorneys' fees. This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals or extensions granted by Inferno Manufacturing Corp., without obtaining any consent, thereto, and until expressly revoked by written notice to Inferno Manufacturing Corp. Any such revocation shall not in any manner affect my/our liability as to any indebtedness existing prior thereto. I/we do hereby waive notice of the acceptance of this agreement, notice of default or no-payment and waive action required by any statute, against the buyer. No delay on Inferno's part in exercising any right hereunder or taking any action to collect or enforce payment of any obligation hereby guaranteed, either as against me/us or any other person primarily or secondarily liable with me/us, shall operate as a waiver of any such right or in any manner prejudice Inferno Manufacturing Corp's right against me/us. I/we agree that in the event of any default at any time by me/us, Inferno Manufacturing Corp shall be entitled to look to me/us immediately for full payment without prior demand or notice.

Date: _____ Authorized Signature: _____

Title: _____

RETURN TO:

INFERNO MANUFACTURING CORPORATION

115 Ricou Street

Shreveport, Louisiana 71107-6933

Phone: 318-221-8454 Fax: 318-222-4106