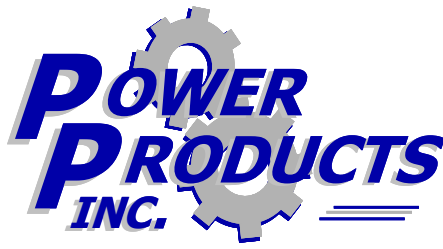


3225 GREENUP AVE
PO BOX 1163
ASHLAND, KY 41105-1163



PHONE: 606-329-2418
FAX: 606-920-9779
E-mail: powerproductsky@yahoo.com

C R E D I T A P P L I C A T I O N

Business Name & Contact Info _____ DATE _____

Legal Company Name _____ DBA _____

Street Address _____ Billing Address _____

City, State, Zip Code _____ City, State, Zip Code _____

Telephone Number _____ Fax Number _____

PO # Required: YES NO written or verbal? _____ Email Address _____

Accounts Payable Contact: _____

Type of Organization: Corporation Sole Proprietorship Partnership

Type of Business: _____ Years in Business: _____

Taxpayer ID Number: _____ or _____

Sales Tax Exempt***: NO YES ID# if YES _____ Social Security Number _____

*** If Answering Yes – We will need a copy of your certificate.

PRINCIPLE OWNER(S)/OFFICERS _____

CREDIT LEVEL REQUESTED BY CUSTOMER \$ _____

Bank Reference:

Business Name _____ Contact _____

Street Address _____ Telephone Number _____

City, State, Zip Code _____ Fax Number _____

TRADE REFERENCES *****FAX numbers MUST be supplied for all Trade References*****

1. Business Name _____ Telephone # _____ / FAX # _____

Street Address _____ City, State, Zip Code _____

2. Business Name _____ Telephone # _____ / FAX # _____

Street Address _____ City, State, Zip Code _____

3. Business Name _____ Telephone # _____ / FAX # _____

Street Address _____ City, State, Zip Code _____

4. Business Name _____ Telephone # _____ / FAX # _____

Street Address _____ City, State, Zip Code _____

The information provided above is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Power Products, Inc. to investigate the bank and trade references listed pertaining to my/our credit history. Applicant's signature attests to financial responsibility, ability and willingness to pay our Invoices in accordance with our terms. This information will be held in the strictest confidence and used only by our credit department.

SIGNATURE _____ TITLE _____