

Ensio Resources, Inc.

P.O. Box 279
Bellevue, WA 98009-0279
Tel.: (425) 455-6618 Fax.: (425) 455-0115

COMMERCIAL APPLICATION FOR CREDIT

Thank you for your interest in our company and our products.
Please fill out all sections completely and return by fax to: **(425) 455-0115 or**
spatel@ensioresources.com. Missing information may delay the review process.

Legal Business Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Telephone: _____ **Fax:** _____

Description of Business: _____

Federal Tax ID # or SS #: _____ **Tax Exempt:** ___ Yes ___ No

Amount of Credit Requested: _____

Years In Business: _____ **Business Property:** Own ___ Rent ___

Type of Organization: ___ Corporation ___ Partnership ___ Sole Proprietor ___ Individual

Accounts Payable Contact: _____ **Phone:** _____ **ext:** _____

Email: _____

Purchasing Agent: _____ **Phone:** _____ **ext:** _____

Email: _____

(Name of Owners or Principals) _____ **(Title)** _____ **(Home Phone #)** _____



Bank Name: _____ Account # : _____
Phone: _____ Fax: _____

Authorized Signature for this account: _____

Banker contact name: _____

Four Trade References (include contact person if available):**

Name: _____	Name: _____
_____	Address: _____
_____	Address: _____
_____	Phone: _____
Phone: _____	_____
Fax: _____	Fax: _____

Name: _____	Name: _____
_____	Address: _____
Address: _____	_____
_____	Phone: _____
Phone: _____	Fax: _____
Fax: _____	_____

The undersigned warrants that all of the above information is true, accurate, and complete and that the individual signing this Agreement had the authority to enter this Agreement on behalf of the applicant. Upon approval of credit and in consideration for extending credit to the undersigned, the undersigned hereby agrees to pay its account on or before the date it becomes due and, in the event of overdue payments, agrees to pay 1) interest at the maximum allowed rate on the overdue amount and 2) all collections and/or attorney fees incurred in attempting to collect the overdue amount. Venue of any action to enforce collections of receivables shall be in Merrimack County, New Hampshire.

The undersigned further agrees to pay all accounts NET 30 DAYS from invoice date, for all purchases. The undersigned hereby authorizes Ensio Resources, Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.

Signature: _____ Title: _____

Print Name: _____ Date: _____

CAUTION

I, the undersigned hereby guarantee the indebtedness of customer name) _____ unconditionally, jointly & severally, waiving the benefit of division, discussion & subrogation and we shall for the purpose of the present guarantee be regarded and be in the same position as (customer name) _____.



The present guarantee shall constitute a continuing guarantee & shall cover all transactions resulting in any indebtedness of (customer name) _____ to Ensio Resources, Inc.

SIGNATURE: _____ Date: _____

Name: _____ Social Security #: _____

Address: _____

**PLEASE RETURN THIS FORM TO: Shrushti Patel at spatel@ensioresources.com or
FAX#: (425) 455-0115**

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