

P.O. Box 3040
Cottonwood, AZ 86326

HALLUM INC

P: 928-774-0643
F: 928-774-6918

Date: _____

I/we herewith make application to Hallum Inc. (hereinafter "Vendor") for credit, or reconfirmation of our existing account. The undersigned gives and grants Vendor, or their agent, permission to verify or re-verify all information stated herein at any time. I/we hereby agree that all credit granted and/or extended shall be paid timely in accordance with Vendor's stated terms. I/we affirm that all information supplied is true and correct.

PLEASE ANSWER ALL QUESTIONS

Company Name _____ Partnership _____ Proprietorship _____ Incorporated _____ State _____
Business Name _____ Federal ID # _____ State Resale # _____
Physical Address _____ City _____ State _____ Zip _____ Type of Business _____
Mailing Address _____ City _____ State _____ Zip _____
Years in Business _____ If Less Than One Year, Previous Business Name & Address _____
Phone _____ Fax _____ Mobile _____
Does Company own real property _____ Yes _____ No _____ Address _____

LIST ALL BANK ACCOUNTS

Co Bank _____ City _____ St _____ Phone _____ Acct# _____
Co Bank _____ City _____ St _____ Phone _____ Acct# _____

COMPANY SUPPLIERS

Name _____ City _____ St _____ Phone _____ Acct# _____
Name _____ City _____ St _____ Phone _____ Acct# _____
Current Petroleum Supplier _____ Phone _____ Acct# _____
Current Oil & Lubricants Supplier _____ Phone _____ Acct# _____

LIST ALL PRICIPALS OF COMPANY WITH THEIR TITLES

Name _____ SS# _____ Title _____
Home Address _____ City _____ St _____ Zip _____ Own _____ Rent _____
Name _____ SS# _____ Title _____
Home Address _____ City _____ St _____ Zip _____ Own _____ Rent _____
Authorized Contact to Purchase _____ PO# Required _____ Amount of Credit Desired \$ _____

DEFAULT AGREEMENT

Should the Undersigned default on any obligation incurred under this agreement and the vendor refers thos account to their attorney for collection and/or legal action, the undersigned agrees as follows: to pay the principle due, attorney fees and an amount of twenty percent of principle amount and all costs of any nature incurred by vendor to pursue the delinquent obligation.

Delinquent accounts will be assessed at the rate of 1 ½% per month (18% per year).

Signed _____ Title _____ Date _____
Print Name _____

PERSONAL GUARANTEE

The Undersigned agrees to act as a personal guarantor and co-signer to this agreement for all debts incurred both now and in the future for all monies owed by the Company, Organization, Persons or Corporations who have signed this credit application and who have been extended credit both now and in future. Guarantor recognizes, understands and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed and outstanding to the Vendor and Guarantor hereby waives their subrogation or recovery rights. If there is no spousal signature below, each Guarantor represents that he/she is unmarried.

Guarantor _____ Guarantor _____
Print Name _____ Print Name _____

Please send completed APPLICATION and FINANCIALS by email to dhallum@hallumstores.com or fax to 928-639-0069 or by mail to: Hallum Inc., P.O. Box 3040, Cottonwood, AZ 86326