

420 East Alton Ave Santa Ana, CA 92707 Calmont Wire & Cable, Inc. Phone: 714.549.0336 Fax: 714.549.4028

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| | REQUEST FOR | CREDIT TERMS | S | | |
|---|----------------------|--------------|-----------------|---------|--|
| COMPANY NAME: | | | PHONE: | | |
| STREET ADDRESS: | | | | | |
| CITY: | | | | | |
| BILLING ADDRESS (IF DIFFERENT F | ROM ABOVE): | | | | |
| CITY: | | | | | |
| A/P CONTACT: | | | | | |
| COMPANY IS A: CORPORATIO | | | | | |
| CORPORATE REGISTRATION NO | | | | | |
| # YEARS IN BUSINESS HA | VE YOU EVER DECLARED | BANKRUPTCY? | IF YES, WHAT YE | | |
| NOTE: IF IN BUSINESS LE | | | | ARANTEE | |
| | | , | | | |
| COM | IPANY DIRECTORS | OFFICERS/PR | NCIPALS | | |
| | | | | | |
| NAME 1: | | | TITLE: | | |
| NAME 1: | | | | | |
| NAME 2: | | | | | |
| HOME ADDRESS: | | | | | |
| | BANKING | DETAILS | | | |
| DANIZ NAME: | | | ACCOLINE #: | | |
| BANK NAME:CITY/STATE/7ID. | | | | | |
| RANCH ADDRESS: CITY/STATE/Z ANK CONTACT NAME: | | | | | |
| BANK CONTACT NAME. | | | FIIONE. | | |
| | TRADE RE | FERENCES | | | |
| VENDOR 1: | | CONTACT: | | | |
| PAYMENT ADDRESS: | | | | | |
| PHONE: | | | | | |
| VENDOR 1: | | | | | |
| | | | CITY/STATE/ZIP: | | |
| PHONE: | | | | | |
| VENDOR 1: | | | | | |
| PAYMENT ADDRESS: | | | | | |
| PHONE: | | | | | |
| | | | | | |

CONDITIONS (TERMS ARE NET 30 DAYS UPON CREDIT APPROVAL)

TERMS OF SALE, INCLUDING TERMS OF PAYMENT AND CHARGES, FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. A LATE PAYMENT CHARGE WILL BE ADDED TO ALL INVOICES NOT PAID WHEN BALANCE IS 15 DAYS IN DEFAULT AT 1 ½% PER MONTH (18% PER ANNUM). THE CUSTOMER HEREBY AGREES TO PAY ALL COSTS OF COLLECTION OR LEGAL FEES SHOULD SUCH ACTION BE NECESSARY DUE TO NON-PAYMENT. THE ABOVE INFORMATION IS WILLINGLY SUPPLIED AND THE CREDITOR IS AUTHORIZED TO CONTACT THE ABOVE BANK AND TRADE REFERENCES IN ORDER TO ESTABLISH THE CREDITWORTHINESS OF THE ABOVE NAMED COMPANY. IF THE APPLICANT IS NOT A CORPORATION, THE CREDITOR IS AUTHORIZED TO OBTAIN CREDIT REPORTS ON THE PROPRIETORS, PARTNERS OR PRINCIPALS. SHOULD A CREDIT AVAILIBILITY BE GRANTED BY CALMONT, ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION SHALL BE IN THE SOLE DISCRETION OFCALMONT WIRE & CABLE. CALMONT MAY TERMINATE ANY CREDIT AVAILABILITY WITHIN ITS SOLE DISCRETION.

DISPUTES: ANY DISPUTE OR CONTROVERSY ARISING FROM THIS AGREEMENT WILL BE RESOLVED BY ARBITRATION BY THE AMERICAN ARBITRATION ASSOCIATION AT ORANGE COUNTY, CALIFORNIA. THE LANGUAGE OF THE ARBITRATION SHALL BE ENGLISH. THE NUMBER OF ARBITRATORS SHALL BE ONE. THE PARTIES AGREE THE AMERICAN ARBITRATION ASSOCIATION'S EXPEDITED RULES SHALL APPLY AND THEY WAIVE ALL RIGHT TO ANY HEARING REQUIRING WITNESS PRODUCTION. THE ARBITRATOR SHALL ISSUE AN AWARD BASED UPON THE WRITTEN DOCUMENTARY EVIDENCE SUPPLIED BY THE PARTIES. THE ARBITRATOR'S AWARD SHALL BE BINDING AND FINAL. THE LOSING PARTY SHALL PAY ALL ARBITRATION EXPENSES, INCLUDING ALL ATTORNEY'S FEES.

| I HAVE READ AND UNDERSTAND | THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM: |
|--|--|
| APPLICANT'S NAME: | TITLE: |
| DATE: | APPLICANT'S SIGNATURE: |
| FOR PROP | RIETORS, PARTNERS, S-CORPORATIONS IN THE U.S. |
| I AUTHORIZE THE SELLER AND T | HEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT ON MY CREDIT HISTORY. |
| DATE: | APPLICANT'S SIGNATURE: |
| | PERSONAL GUARANTEE |
| PROMPT PAYMENT OF ALL INDE GUARANTEE SHALL NOT BE AFF INDEBTEDNESS. NOTICE OF TH TERMS OF PAYMENT, AND ANY I WAIVED. THIS GUARANTEE MAY CONTROLLER BY CERTIFIED MA PROVIDE PAYMENT FOR INDEBTHEIR ASSIGNS TO OBTAIN A CO | DERATION DO HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE FULL AND BITEDNESS HERETOFORE OR HEREAFTER INCURRED BY THE ABOVE BUSINESS. THIS ECTED BY THE AMOUNT OF CREDIT EXTENDED OR ANY CHANGE IN THE FORM OF SAID ACCEPTANCE OF THIS GUARANTEE, EXTENSION OF CREDIT, MODIFICATION IN RIGHT OR DEMAND TO PROCEED AGAINST THE PRINCIPAL DEBTOR IS HEREBY ONLY BE REVOKED BY WRITTEN NOTICE WHICH SHALL BE SENT TO CALMONT'S L. ANY REVOCATION DOES NOT REVOKE THE OBLIGATION OF THE GUARANTORS TO EDNESS INCURRED PRIOR TO THE REVOCATION. I AUTHORIZE THE SELLER AND INSUMER CREDIT REPORT AND TO CONTACT MY REFERENCES AS NECESSARY. AS BY THE ABOVE ARBITRATION CLAUSE. |
| GUARANTOR'S NAME: | SIGNATURE: |
| HOME ADDRESS: | CITY/STATE/ZIP: |
| DATE: | TAX I.D. OR S.S. NO: |
| GUARANTOR'S NAME: | SIGNATURE: |
| HOME ADDRESS: | CITY/STATE/ZIP: |
| DATE: | TAX I.D. OR S.S. NO: |