

**The Laser Network, Inc.**

Attention: Vaness Alexander  
 PO Box 941581  
 Plano, Texas 75094-1581  
 (972) 422-1559 Telephone  
 (972) 422-2339 Facsimile



**Net Terms Credit Application**

|                                       |               |                           |
|---------------------------------------|---------------|---------------------------|
| Company:                              |               |                           |
| Phone:                                |               | Fax:                      |
| <b>Bill To</b>                        |               | <b>Ship To</b>            |
| PO Box                                |               | Street Address            |
| City                                  |               | City                      |
| State / Zip                           |               | State / Zip               |
| Accounting Contact                    |               | Receiving Contact         |
| PO Required                           | ? YES         | ? NO                      |
|                                       |               | Alternate Contact         |
| <b>Credit Information</b>             |               |                           |
| ? Corporation                         | ? Partnership | ? Proprietorship          |
|                                       |               | ? Non Profit or Religious |
| Date of Incorporation                 |               | State of Incorporation    |
| Years in Business                     |               | Previous Business Name    |
| Bank Name                             |               | Bank Account Number       |
| Bank Phone                            |               | Bank Contact              |
| DUNS Number                           |               | Federal ID Number         |
| <b>Trade References</b>               |               |                           |
| Vendor Name                           |               | Account Number            |
| Street Address                        |               | Contact Name              |
| City / State / Zip                    |               | Phone                     |
|                                       |               |                           |
| Vendor Name                           |               | Account Number            |
| Street Address                        |               | Contact Name              |
| City / State / Zip                    |               | Phone                     |
| <b>Principals / Owners / Officers</b> |               |                           |
| Name                                  | Title         | Phone                     |
| Name                                  | Title         | Phone                     |

The Undersigned warrants that he / she has full authority to act on behalf of the above named company. The above statements are true and correct and are given for the purpose of obtaining credit. In the event credit is extended, the undersigned agrees to the following terms and conditions: 1) Pay for all purchases pursuant to the terms of the seller's invoices "**Net 30 Days**", 2) pay seller a delinquency charge of **1.5%** per month on any amounts unpaid 30 days or more after the invoice date, 3) pay seller reasonable attorney fees and costs incurred in connection with enforcement of collection of any obligation of the purchaser, 4) to pay all sums due to seller at it's address in Collin County, Texas, such county being agreed upon as the county of venue for any suit brought by either party.

**PERSONAL GUARANTY:** "The undersigned, in consideration of the extension of Credit by The Laser Network to the above named corporation, hereby personally and unconditionally guarantee payment of any and all amounts now or hereafter owed by Customer to The Laser Network. I (we) further agree that if it becomes necessary for The Laser Network to incur costs in enforcing this personal guaranty, the undersigned will pay to The Laser Network all such costs, including but not limited to attorney's fees."

|                          |       |
|--------------------------|-------|
| Submitted by (Signature) | Title |
| Printed Name             | Date  |