Pumps International, Inc. 620 N. Milan St, Henderson, NV 89015

Dear Valued Customer,

Thank you for your interest in Pumps International. We are a leading service and supplier of vacuum pumps and associated equipment servicing many markets in the U.S. and Internationally.

Please take the time to fill out and sign the attached documents.

If you are requesting a N-30 account, please recommend a credit limit suitable for your business.

If you are a reseller, please submit a signed resale certificate.

We appreciate your business and will process your application as soon as possible. If you need to order today, we accept Visa, Master Card, Discover and American Express, a 4% convenience process fee will be charged.

Feel free to contact me with any questions or concerns.

Sincerely,

Carolyn Brogan, Pres.

Pumps International

702-568-6398

Pumps International, INC.

Application for Credit

Please fax completed form to: 702-565-8729 or email to: bbrogan@garlic.com

| A/P C | ontact: | |
|-------------------|------------------------------|--------------------|
| Cit | y: | |
| A/P email: | | |
| | City: | |
| | | |
| _ Fax: Rated in | D&B []Yes []No Ratin | g: |
| or Owner's SSN: | | |
| Yrs. In Business: | No. of Employe | es: |
| | Net 30 Days | |
| | les tax exemption certificat | e.) |
| • | · | - |
| Home Address | City, State, Zip | <u>Phone</u> |
| | | |
| | | |
| | | |
| | | |
| | Phone#• | Fax#: |
| Address | riidile#. | rax n . |
| | | |
| | | |
| | | |
| | | |
| Ph: | Fax: | |
| | | |
| Checkin | g/Savings Account No.: | |
| Print Name: | | Date: |
| | | |

Pumps International, Inc.

I (we) hereby apply for credit from Pumps International, Inc. I (we) grant permission for that company or agent to check my (our) credit on this application. We understand the terms of credit and will pay all invoices according to those terms.

ACCEPTANCE OF TERMS:

Upon approval of this application, a 30-Day account will be opened for your convenience. All bills are due in our office within 30 days of the date of each invoice. There are no discounts for early payment. (NOTE: Be sure to replace these terms with the terms you use. They might be 2% 10, net 30 days or Net 10 days.) A late charge may be added to all amounts not paid within 30 days from date of invoice at the rate of one and one-half percent (1 1/2 %) per month or eighteen percent (18%) per annum.

If failure to pay according to the terms of this Agreement causes this account to be assigned or referred to an attorney for collection, buyer agrees to pay Seller's reasonable collection and or attorney fees and all court costs.

Seller is authorized to investigate Buyer's credit record. Seller is also authorized to report Buyer's performance on this agreement to proper persons and credit agencies whenever Buyer gives Seller's name as a credit reference.

To secure full payment of this purchase price of all goods and services, buyer, as debtor hereby grants to Seller, as secured party, a purchase money security interest in all goods to be purchase hereunder and shall execute upon request of Seller from time to time, such financing statements or other documents as may be deemed necessary or appropriate by Seller to perfect or protect its security interest hereby created.

Seller is authorized to charge an additional fee of thirty-five percent to cover collection and/or legal expenses for all invoices not paid within sixty days of the due date that are subsequently forwarded to a collection agency or attorney for processing.

The undersigned hereby certifies that he or she is duly authorized to sign this application on behalf of Applicant/Buyer, that the information given in this application is true and correct to the best of his or her knowledge and that the Applicant/Buyer hereby agrees to the foregoing terms and conditions, and that the Applicant/Buyer hereby agrees to the foregoing terms and conditions. I have read and agree to all terms of this document.

| I (we) hereby personally geven if MY COMPANY is | guarantee the payment of all bills from Pumps Ir a corporation. | nternational, Inc. to MY COMPANY |
|---|---|----------------------------------|
| Date | FEIN/Social Security# | |
| Signed | | |
| Print Name | | |