



CREDIT APPLICATION

Application is hereby made to Darco Engineering, Inc. (herein referred to as "Darco") for open account credit and the following is submitted in consideration thereof, for the exclusive and confidential use of Darco.

PLEASE PROVIDE ALL REQUESTED INFORMATION ON BOTH PAGES. SIGN ON THE REVERSE SIDE.

COMPANY NAME _____ PHONE NUMBER (____) _____

STREET ADDRESS _____ FEDERAL TAX # _____

MAILING ADDRESS _____ CONTRACTORS LIC. # _____

CITY _____ STATE _____ ZIP _____ DATE BUSINESS ESTABLISHED ____/____/____

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE OWNER LLC

NATURE OF BUSINESS _____

PURCHASE ORDER REQUIRED: YES NO NUMBER OF INVOICE COPIES REQUIRED _____

PLEASE SUBMIT, IN CONFIDENCE, LATEST FINANCIAL STATEMENT

BANK/INSURANCE/BONDING

NAME _____ LOCATION _____

ACCOUNT# _____ PHONE NUMBER (____) _____ ACCOUNT OFFICER _____

NAME _____ LOCATION _____

ACCOUNT# _____ PHONE NUMBER (____) _____ ACCOUNT OFFICER _____

BONDING COMPANY _____ CONTACT NAME _____ PHONE # _____

INSURANCE COMPANY _____ CONTACT NAME _____ PHONE # _____

TRADE REFERENCES

NAME	ACCOUNT NAME	LOCATION	PHONE NUMBER
1. _____	_____	_____	(____) _____
2. _____	_____	_____	(____) _____
3. _____	_____	_____	(____) _____
4. _____	_____	_____	(____) _____

FUTURE WORK

Please provide details of customer contacts related to this purchase and other contracts in progress or awarded.

CONTRACTOR/PROJECT NAME	LOCATION	DURATION	VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OPEN ACCOUNT CREDIT LINE DESIRED \$ _____

Mail or fax this application to:

**Darco Engineering, Inc.
2596 Mission Street, Suite 201, San Marino, CA 91108
TEL: 562-908-4000 • FAX: 562-903-8886**

TYPE OF BUSINESS: COMPLETE APPLICABLE SECTION (I, II, OR III)

I. SOLE OWNER OR GUARANTOR:

NAME _____ SOCIAL SECURITY # _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
 SPOUSE'S NAME _____ HOME PHONE # (_____) _____

II. PARTNERSHIP: REGISTERED TRADE NAME _____

PARTNER #1 (Interest _____%)	PARTNER #2 (Interest _____%)	PARTNER #3 (Interest _____%)
General _____ Limited _____	General _____ Limited _____	General _____ Limited _____
NAME _____	NAME _____	NAME _____
SOCIAL SECURITY # _____ - _____ - _____	SOCIAL SECURITY # _____ - _____ - _____	SOCIAL SECURITY # _____ - _____ - _____
HOME ADDRESS _____	HOME ADDRESS _____	HOME ADDRESS _____
CITY/ZIP _____	CITY/ZIP _____	CITY/ZIP _____
SPOUSE'S NAME _____	SPOUSE'S NAME _____	SPOUSE'S NAME _____
HOME PHONE (_____) _____	HOME PHONE (_____) _____	HOME PHONE (_____) _____

III. CORPORATION: FULL CORPORATE NAME _____

FEDERAL TAX # _____ STATE OF INCORPORATION _____ DATE INC. _____

PRESIDENT (Stock Ownership _____%)
 NAME _____
 SOCIAL SECURITY # _____ - _____ - _____
 HOME ADDRESS _____
 CITY, STATE, ZIP _____
 SPOUSE'S NAME _____
 HOME PHONE (_____) _____

VICE PRESIDENT (Stock Ownership _____%)
 NAME _____
 SOCIAL SECURITY # _____ - _____ - _____
 HOME ADDRESS _____
 CITY, STATE, ZIP _____
 SPOUSE'S NAME _____
 HOME PHONE (_____) _____

SECRETARY (Stock Ownership _____%)
 NAME _____
 SOCIAL SECURITY # _____ - _____ - _____
 HOME ADDRESS _____
 CITY, STATE, ZIP _____
 SPOUSE'S NAME _____
 HOME PHONE (_____) _____

TREASURER (Stock Ownership _____%)
 NAME _____
 SOCIAL SECURITY # _____ - _____ - _____
 HOME ADDRESS _____
 CITY, STATE, ZIP _____
 SPOUSE'S NAME _____
 HOME PHONE (_____) _____

IF IN BUSINESS LESS THAN 3 YEARS, LIST PRIOR BUSINESS OR OTHER EXPERIENCE:

1. _____
2. _____

I certify that all statements in this application are true and complete and made for the purpose of obtaining credit from Darco for the business listed above. I certify that the extension of credit is not for personal, family, or household purposes. I authorize Darco to investigate my credit which may include but not limited to investigating the references herein listed, to obtain credit bureau reports on the business and principals listed above, to obtain from banks and other creditors of mine credit and financial information, or to investigate statements and other data obtained from me pertaining to my credit and financial responsibility. I authorize such creditors to furnish such information to Darco. I understand and agree that Darco may furnish such information to any party to whom Darco may refer my request for credit.

I agree to repayment in accordance with Darco's terms (Net 10th Proximo for Open Account) and to service charge of 1 1/2% per month on delinquent accounts. In the event of legal action the laws of California shall apply. I agree that the prevailing party shall be entitled to cost of collection, including reasonable attorney's fees and court costs. My failure to provide any preliminary notice information when requested could result in the revocation of the extension of credit. A \$25.00 service charge applies, to each dishonored check returned.

ALL PARTNERS OR CORPORATE OFFICERS MUST SIGN BELOW

_____ Date	_____ Proprietor, Partner or Corp. Officer Signature	_____ Proprietor, Partner or Corp. Officer Signature
_____ Name	_____ Name	_____ Name
_____ Title	_____ Title	_____ Title