N.E.A Enterprises, Inc.

P.O. Box 706 Jackson, OH 45640		Phone 740-286-1322 Cell 740-286-7181			
		PHONE			
ADDRESS					
CITY		STATE		ZIP	
TYPE OF BUSINESS_					
_	(State type and i				
OURS IS A:			•	HIP	_INDIVIDUAL
WE WERE INCORPOR					
OPERATES FROM					
FULL NAME(S) AND A	ADDRESS OF AL	L OWNERS O	R PRINCIPAL	OFFICERS	
NAME/TITLE		ADDRESS		CITY, STA	TE, ZIP CODE
PERSON TO CONTAC	T REGARDING	ACCOUNTS PA	YABLE		
PURCHASE ORDER I	NECESSARY:	YESN	IO NO. OF IN	VOICES REC	QUIRED
SPECIAL INSTRUCTION	ONS:				
MAILING ADDRESS F	OR INVOICES:_				
MAILING ADDRESS F	OR STATEMENT	S:			
CURRENT NUMBER	OF EMPLOYEES		TAXABLE_	YES	NO
		((If answer is no	o, fill out attac	ched certificate)
STATE TAX NO					
INSURANCE CARRIE	R & ADDRESS_				
EXPECTED MONTHL'	Y CREDIT REQU			Ξ \$	
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SUPPLIER/VENDOR					,
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TERMS AND CONDITIONS OF CREDIT FROM NEA Enterprises, Inc.

- (1) This application is submitted by the undersigned (herein referred to as "applicant") fro the purpose of obtaining a credit account with *NEA Enterprises, Inc.* All representations are accurate, complete and truthful to the best of the Applicant's knowledge and belief.
- (2) The Applicant hereby authorizes any individual, firm, or corporation given as a credit reference to disclose to *NEA Enterprises*, *Inc.* orally or in writing, any information which is pertinent to this application.
- (3) If the Applicant is a corporation, the undersigned affirmatively states that he or she is authorized to make application on behalf of said corporation and to obligate same for any credit extended thereto as a result of this application; and further that the corporation on whose behalf application is hereby made will continue to be bound and obligated for any credit advanced thereto until notice to the contrary is given in writing to *NEA Enterprises*, *Inc.*, P.O. Box 706, Jackson, OH 45640.
- (4) If Applicant presents a Financial Statement as a part of this application, it will be attached hereto and made a part hereof. Applicant agrees to submit Financial Statements when requested by *NEA Enterprises*, *Inc.* Any Financial Statements submitted in connection with this application or as requested by *NEA Enterprises*, *Inc.* will be accurate, complete and truthful.
- (5) Credit extended by *NEA Enterprises, Inc.* to Applicant shall be due when billed to Applicant. Applicant agrees to pay the amount due within 30 days following the due date. If Applicant's account becomes 30 days past due, it will be subject to a FINANCE CHARGE OF 2% per month on the outstanding amount. This is an ANNUAL PERCENTAGE RATE OF 24%. It is expressly understood by Applicant that the existence of the FINANCE CHARGE does not affect Applicant's obligation to pay the account in full when due. Applicant's account will be delinquent when any part of the account is _____days past due.
- (6) If necessary to bring suit to collect, suit would be filed in Jackson County.
- (7) **Notice to Applicant-**Do not sign this agreement until you have read it. You are entitled to a copy of the signed agreement.

Signed
Social Security Number
Date

GUARANTY

FOR VALUE RECEIVED, and to induce NEA Enterprises, Inc. to extend credit to

the undersigned does guarantee payment of all amounts advanced by *NEA Enterprises, Inc.* to Applicant if Applicant defaults in its payment of any such indebtedness. The undersigned shall also pay to *NEA Enterprises, Inc.* all reasonable costs of collection, including a reasonable attorney's fee and court costs. This is a continuing guaranty and shall remain in full force until the undersigned delivers to *NEA Enterprises, Inc.* written notice revoking it as to indebtedness incurred subsequent to such delivery.

Signed	
(Guarantor)	
Date	