

FTM Inc. Tel (530) 626-1986 / Fax (530) 642-2602
 P.O. Box 567 El Dorado, CA 95623

**Credit Application
 and Agreement for
 Credit Sales**

To FTM Inc. customers: For the purpose of procuring and establishing credit, from time to time, the undersigned Applicant furnishes the following information. Applicant represents and warrants said information is true and correct.

APPLICANT: BUSINESS OR CORPORATE NAME APPLICATION DATE
 1.

BUSINESS STREET ADDRESS BILLING ADDRESS: STREET OR P.O. BOX

2.
 "CITY" "STATE" "ZIP" CITY" "STATE" "ZIP

3.

BUSINESS TELEPHONE NO. BUSINESS FAX NO. YEAR ESTABLISHED NUMBER OF EMPLOYEES

4.

5. AMOUNT OF CREDIT BEING APPLIED FOR: TYPE OF BUSINESS "PARTNERSHIP" "SOLE PROPRIETOR" "CORPORATION"

FEDERAL TAX ID NO. BUSINESS BUILDING IS. " OWNED " RENTED IF RENTED LANDLORDS TELEPHONE NUMBER

6.

OFFICERS / OWNERS (whichever is applicable)

NAME	TITLE	8. IF CORPORATION: LIST NAME, ADDRESS, TEL / FAX OF AGENT FOR LEGAL SERVICE.
7.		
NAME	TITLE	
9.		
NAME	TITLE	
10.		

APPLICANT'S PRINCIPAL CREDIT REFERENCES (LIST AT LEAST THREE)

NAME PHONE NO. FAX NO.
 11.
 ADDRESS, CITY, STATE, ZIP

NAME PHONE NO. FAX NO.
 12.
 ADDRESS, CITY, STATE, ZIP

NAME PHONE NO. FAX NO.
 13.
 ADDRESS, CITY, STATE, ZIP

NOTE: READ QUESTIONS 14, 15 & 16 CAREFULLY BEFORE ANSWERING.

14 Has Applicant or any of its Owners, Principals, Partners, Officers, or Directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors? **YES** "NO"

15. Are taxes owed by applicant to any taxing authority current? "GU" "PQ"
 16. Has a tax lien or civil suit been filed against Applicant or any of its Owners, Principals, Partners, Officers, or Directors within the past six years? "GU" "PQ"

PERSONAL GUARANTEE (Required on non-incorporated businesses only)

The undersigned, jointly and severally, in consideration of the monthly billing privileges being extended to the above-named Applicant, do hereby unconditionally guarantee and promise to pay any and all obligations of said Applicant which have in the past or may in the future be owing to Seller on open-account or otherwise, including without limitation service charges and attorney's fees. The undersigned waive any right to require Seller to proceed against Applicant or pursue any other remedy and any statute of limitations pertaining hereto: and the undersigned further waive all presentments, demands for performance, notice of non-performance, protests, notices of dishonor and notices of acceptance of this guaranty and of the incurrence or modification of existing or additional indebtedness. No delay in the enforcement of this personal guaranty shall affect the liability of any of the undersigned. Guarantor authorizes Seller to obtain credit and financial information concerning the Guarantor at any time and from any source. Executed at _____, on this _____ days of _____, 20____

Guarantor Signature "*****"SocketnSecwtk\ No. Printed Name

Terms and Conditions:

1. Terms are NET 30 Days., upon approved credit.
2. 1½% or \$15.00 service charge per month (whichever is greater) will be added to past due accounts with reasonable attorneys, collection agency fees and court cost in event action for collection must be taken.
3. Accounts reviewed and subject to closure if unpaid balance exceeds 30 days past due.
4. Returned checks will have a \$25.00 service charge added with reasonable attorneys fees , collection agency fees and court cost in event action for collection must be taken.
5. Payments must be in US dollars.
6. Minimum order is \$50.00.
7. All shipments are FOB Placerville, CA or Origin.
8. FTM Inc. will not be liable for any loss or damages in excess of the purchase price of our products sold.
9. Prices and specifications subject to change without notice.
10. A 15% restocking fee shall apply to returned orders
11. Credit Cards listed accepted on most purchases.
12. Canceled credit card orders will be charged a 5% CANCELLATION FEE.

Liability Clause:

LIMITED WARRANTY. FTM, INC., hereinafter called the "Manufacturer" warrants that its products shall be free from defects in workmanship and materials for ninety (90) days. To the maximum extent permitted by applicable law, this warranty shall be in lieu of all other warranties, express or implied, including, but not limited to implied warranties of merchantability and fitness for a particular purpose. To the extent your state disallows the waiver of implied warranties, then any such implied warranties are limited to a duration of ninety (90) days if such a limitation is permitted by your state).

CUSTOMER REMEDIES. FTM, INC.'s liability under this limited warranty, any Customer's exclusive remedy shall be limited to the replacement of any materials which, after an examination by the Manufacturer and at its sole option, are found to be defective.

NO LIABILITY FOR CONSEQUENTIAL DAMAGES. In no event shall Manufacturer have any liability whatsoever for consequential damages including, but not limited to damages for loss of business, damage to prospective economic advantage, damages (either direct or indirect) for personal injuries or property damage, business interruption, or any other pecuniary loss arising out of the use of Manufacturer's products. In all cases, Manufacturer's liability shall be limited to the replacement of any product found to be defective by Manufacturer.

COMPANY NAME: _____ DATE: _____

SIGNATURE OF AUTHORIZED AGENT: _____

PRINT / TYPE NAME: _____ TITLE: _____

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BANK INFORMATION FORM

ALL INFORMATION MUST BE SUPPLIED

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

CUSTOMER SUPPLIED BANK INFORMATION (Note FAX NUMBER is REQUIRED)

Below requested information is the same information that is on the front of your check.

BANK NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

ACCOUNT NO. (REQ'D): _____

CONTACT NAME: _____

I (CUSTOMER) _____ GIVE _____ BANK,

PERMISSION TO RELEASE REQUESTED INFORMATION TO FTM Inc.

CUSTOMERS SIGNATURE: _____ DATE: _____

FTM Inc. REPRESENTATIVE: ROBERT ASHCRAFT / PRESIDENT

FTM Will Send your completed form to your Bank so the below portion can be filled out.

INFORMATION REQUESTED FROM BANK

LENGTH OF RELATIONSHIP: _____ YEARS. IS RELATIONSHIP SATISFACTORY: YES aaaaa NO aaaaa"

IS AVERAGE MONTHLY BALANCE OVER \$5,000.00: YES aaaaa"" "NO"aaaaa "

HISTORY OF RETURNED CHECKS: """"YES"aaaaa """" "NO"aaaaa

DOES CUSTOMER HAVE MULTIPLE ACCOUNTS: """"YES"aaaaa """"NO"aaaaa

SIGNED _____ TITLE _____ DATE _____

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CHECK ACCEPTANCE APPLICATION

The following information is required on businesses that are **NOT** Incorporated wishing to pay for purchases by check.

OWNERS INFORMATION:

NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
HOME TEL. NO:	FAX NO:
SOCIAL SECURITY NUMBER:	
DRIVERS LICENSE NO:	DATE of BIRTH:

BUSINESS INFORMATION:

COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
BUSINESS TEL. NO:	FAX NO:

A COPY OF YOUR BUSINESS LICENSE IS REQUIRED

BANK INFORMATION: (Same information as shown of face of checks)

BANK NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE NO:	FAX NO:
ACCOUNT NUMBER:	

We Thank You for your time and patience in filling out the attached forms. We have found since implementing these forms that are Bad Check problems have greatly decreased.