

**NYCON Supply Corp 47-17 27 st. Long Island City NY 11101
718 433-0111 CREDIT APPLICATION 718 433-1453 FAX.**

BUSINESS CONTACT INFORMATION

Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Address:			
City:		State:	ZIP:
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Owners personal address:		Home phone:	
City:		State:	ZIP Code:
The undersigned gives permission to obtain corporate and personal credit information.			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

TRADE REFERENCES/SUPPLIERS

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Any account not paid within terms will be considered overdue and a 1.5% finance charge (18% APR), will be added to said account. In order to induce you to sell merchandise the undersigned jointly and severally personally guarantee the full and prompt payment including all finance charges, collection costs and attorney's fees, which at anytime may be incurred by said corporation or its representatives to you, and waive any presentment, demand, protest, and any other notice regarding this guarantee of payment.

SIGNATURES

Title:	Title:
Date:	Date: