

THE SURVEYORS EXCHANGE

3323 DeArmoun Road, Anchorage, Alaska 99516
Phone (907) 345-6500 Fax (907) 345-7836 www.surveyors-exchange.com

CREDIT APPLICATION REQUEST

Check one: Sole Proprietor _____ Partnership _____ Corporation _____ DATE _____

Name of Individual or Company _____

Contact Person and Position _____ How long in Business? _____

Name to Appear on Account: _____ Federal I.D.#(SSN) _____

Physical Address: _____ How Long? _____

Mailing Address: _____

Previous Address: _____ How Long? _____

Business Phone# (_____) _____ 2nd Phone# (_____) _____ Fax# _____

E-mail Address: _____ Web site: _____

SOLE PROPRIETOR or PARTNERSHIPS: (Please print or type and complete in full. All Partners must sign.)

Name _____ Home Phone _____

Date of Birth: _____ SSN _____

Name _____ Home Phone _____

Date of Birth: _____ SSN _____

CORPORATIONS: (Please print or type. All officers/addresses/phone must be listed and fully completed)

Officer Name/Title: _____ SSN _____

Address: _____ Phone: _____

Officer Name/Title: _____ SSN _____

Address: _____ Phone: _____

Officer Name/Title: _____ SSN _____

Address: _____ Phone: _____

LIST THREE (3) TRADE REFERENCES: (not to include credit cards or bank loans)

1. _____ Phone: _____

Address: _____

2. _____ Phone: _____

Address: _____

3. _____ Phone: _____

Address: _____

BANK REFERENCE: _____ Branch: _____ Acct# _____

Bank Address: _____ Checking _____ Savings _____

Account Administrator: _____

Amount of Credit Requested: \$ _____ Purchase Order Required: Yes _____ No _____

Personal and Individual and Corporate Guarantee

The undersigned stated that he/she/they understand the contents of this document for request and agree to be personally and/or individually liable for all debts incurred by their firm, corporation, partnership, or other entity represented, for opening this account; The undersigned agree that if the debts incurred by the business entity are not paid in full within (30) thirty days from the date the items are purchased, all charges are subject to a late charge of 1 1/2% (18% annum), and they are immediately personally and individually liable for the debt plus all interest charges, attorney/legal fees and collections costs. The undersigned further understands they will not individually receive mailed copies of billings/invoices. The undersigned further agrees to give (30) days notice of cancellation of this agreement in writing to close their account, and/or all changes in assignment of authorized persons to sign or purchase on the account. The Surveyors Exchange may not be held responsible for any charges on this account, as to signatures, purchases, credit allowances, finance charges, et al.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND AND AGREE TO INDIVIDUALLY GUARANTEE MY BUSINESS ENTITY'S DEBT IN FULL. I HEREBY AUTHORIZE THE SURVEYORS EXCHANGE and/or TSE COMMUNICATIONS TO INVESTIGATE AND OR UTILIZE CREDIT CHECK PROGRAMS AND COMPANIES WITH REGARDS TO MY/OUR CREDIT HISTORY. I HEREBY RELEASE PERMISSION TO CONTACT ALL BANKS/CREDIT COMPANIES/TRADE AND PERSONAL REFERENCES LISTED, WITH REGARDS TO MY/OUR CREDIT AND ACTIVITY.

Dated this _____ day of _____, 2007

Printed Name & Title

Signature in MY Individual Capacity of Guarantor

Printed Name & Title

Signature in MY Individual Capacity of Guarantor