

MEDI

Micrographic Equipment Design, Inc.
8227 Cloverleaf Drive, Suite 304
Millersville, Maryland 21108

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Fax: (301) 596-6905 Fax: (410) 712-4133

DATE _____

EST. MONTHLY CREDIT REQD. \$ _____

Applying for: Credit Card _____ COD/Co. Check _____ Terms _____

COMPANY
NAME _____ ATTENTION _____
DBA _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ TAX EXEMPTION _____
AREA CODE AND NO. _____ CERTIFICATE NO. _____
BUSINESS STRUCTURE (CHECK) _____ INDIVIDUAL OWNER _____ PARTNERSHIP _____ INCORPORATED (IN STATE OF) _____
YEAR BUSINESS ESTABLISHED _____ HOW LONG UNDER PRESENT MANAGEMENT _____
NAME OF OWNER, PARTNERS OR OFFICERS & TITLES IF INCORPORATED:

SOC. SEC.# _____
SOC. SEC.# _____

B NAME _____ TELEPHONE (_____) _____
A ADDRESS _____ CITY _____ STATE _____ ZIP _____
N TYPE OF ACCOUNT _____ ACCOUNT NO. _____
K TYPE OF ACCOUNT _____ ACCOUNT NO. _____

TRADE REFERENCES - 3 REQUIRED (Names and Addresses Must Be Complete)

1 NAME _____ FAX NO. _____ TELEPHONE (_____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
2 NAME _____ FAX NO. _____ TELEPHONE (_____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
3 NAME _____ FAX NO. _____ TELEPHONE (_____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

I HEREBY AUTHORIZE MEDI TO WHOM THIS APPLICATION IS MADE, OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY MEDI, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO OUR CREDIT AND FINANCIAL RESPONSIBILITY.

X _____

CUSTOMER AGREES TO MAKE PAYMENT IN FULL TO MEDI FOR ALL AMOUNTS DUE ACCORDING TO MEDI'S INVOICE (S). CUSTOMER ALSO AGREES TO PAY MEDI, AS INTEREST, AN AMOUNT EQUAL TO 1 1/2% PER MONTH, OR THE MAXIMUM PROVIDED BY LAW (WHICHEVER IS LESS) FOR INVOICE AMOUNTS THAT ARE PAST DUE. SHOULD CUSTOMER DEFAULT IN ANY SUCH PAYMENT (S), MEDI SHALL HAVE THE RIGHT, WITHOUT NOTICE TO CUSTOMER, TO DECLARE ALL INVOICE AMOUNTS DUE AND PAYABLE. IN THE EVENT MEDI SHOULD COMMENCE ANY ACTION (S), OR OTHERWISE SEEK TO ENFORCE THIS AGREEMENT AND OTHER EXPENSES INCURRED BY MEDI, WHETHER OR NOT SUIT IS FILED. THIS AGREEMENT IS NOT TRANSFERABLE OR ASSIGNABLE WITHOUT THE PRIOR WRITTEN CONSENT OF MEDI. THIS AGREEMENT SHALL BECOME EFFECTIVE UPON ACCEPTANCE BY MEDI.

DATED AT _____, Month of _____, DAY OF _____, Year _____

X _____

AUTHORIZED SIGNER (S)

PRINT NAME - TITLE

INDIVIDUAL PERSONAL GUARANTY

I, _____, RESIDING AT _____ FOR AND IN CONSIDERATION OF YOUR EXTENDING CREDIT AT MY REQUEST TO _____ (HEREIN AFTER REFERRED TO AS THE "COMPANY"), HEREBY PERSONALLY GUARANTEE THE PAYMENT TO MEDI, IN THE STATE OF MARYLAND OF ANY OBLIGATION OF THE COMPANY AND I HEREBY AGREE TO BIND MYSELF TO PAY YOU ON DEMAND ANY SUM WHICH MAY BECOME DUE TO YOU BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTY SHALL BE A CONTINUING AND IRREVOCABLE GUARANTY AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY. I DO HEREBY WAIVE NOTICE OF DEFAULT, NONPAYMENT AND NOTICE HEREOF AND CONSENT TO ANY MODIFICATION OF RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED.

DATE _____ WITNESS _____ GUARANTOR _____