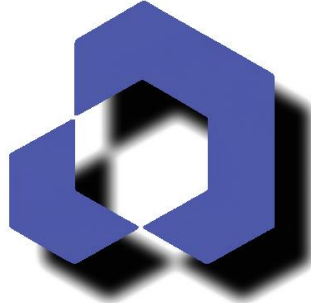


DALCO ENTERPRISES, INC.
 300 5TH AVENUE NORTHWEST
 NEW BRIGHTON, MN 55112
 (651) 604-2966 OR (800) 950-1975
 FAX: (651) 251-6716



FOR OFFICE USE ONLY:
 ACCOUNT REP #: _____
 GROUP #: _____
 CUSTOMER #: _____
 CREDIT APPROVAL: _____
 DATE: _____
 CARRIER ID: _____
 ROUTE/STOP CODE: _____
 WAREHOUSE CODE: _____

BRANCH LOCATIONS:
 DULUTH: (218) 729-6551
 ROCHESTER: (507) 288-3388
 LACROSSE: (608) 781-2534

ACCOUNT APPLICATION/AGREEMENT

*YOUR COOPERATION IN PROVIDING THIS CONFIDENTIAL INFORMATION WILL HELP US ESTABLISH YOUR ACCOUNT AND BETTER SERVE YOUR FUTURE BUSINESS NEEDS
THE APPLICATION MUST BE COMPLETED IN FULL AND SIGNED ON THE REVERSE SIDE*

LEGAL BUSINESS NAME: _____

TRADE NAME (DBA/DOING BUSINESS AS) _____

ACCOUNTS PAYABLE EMAIL ADDRESS _____

CONTACT NAME _____ TELEPHONE _____ FAX _____

BILLING EMAIL ADDRESS _____

COMPANY ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

PURCHASING EMAIL ADDRESS _____ PURCHASING CONTACT NAME _____

TELEPHONE _____ FAX _____ CELL/PAGER _____

DELIVERY ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

BUSINESS TYPE: CORPORATION PARTNERSHIP INDIVIDUAL YEARS IN BUSINESS _____

STATE OF INCORPORATION _____ DATE OF INCORPORATION ___/___/___ FEDERAL TAX ID# OR SS# _____

TYPE OF INDUSTRY:

- (01) SCHOOLS (05) RETAIL SALES (08) CONTRACT CLEANERS
- (02) GOVERNMENT (06) COMMERCIAL OFFICES/REAL ESTATE (09) HOTEL/RESTAURANT/CHURCH
- (03) HOSPITAL (07) IND./MFG/CONSTRUCTION
- (04) NURSING HOMES OTHER (EXPLAIN) _____

ARE YOU A SUBSIDIARY OF ANOTHER COMPANY: YES ___ NO ___ (IF YES: COMPANY NAME AND ADDRESS)

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____ E MAIL ADDRESS _____

** INDIVIDUAL OWNERS OR BUSINESS OPERATING 2 YRS OR LESS, PLEASE COMPLETE THE FOLLOWING:*

NAME OF OWNER(S)*	HOME ADDRESS*	SOCIAL SECURITY# *	(DOB) DATE OF BIRTH*

IF CURRENT BUSINESS ADDRESS 2 YRS OR LESS PLEASE ENTER PREVIOUS

*ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

*EMPLOYER NAME IF IN BUSINESS 2 YRS OR LESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BANK REFERENCES:

(GIVE COMPLETE NAME, ADDRESS, AND TELEPHONE/FAX NUMBER(S))

BANK NAME: _____ CONTACT PERSON _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
CHECKING ACCOUNT NUMBER _____ SAVINGS ACCOUNT NUMBER _____
TELEPHONE NUMBER _____ FAX NUMBER _____

CREDIT REFERENCES:

(GIVE COMPLETE NAME, ADDRESS, AND TELEPHONE/FAX NUMBER(S))

#1 REFERENCE

COMPANY NAME _____ TELEPHONE _____ FAX _____
CONTACT NAME _____ ACCOUNT NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

#2 REFERENCE

COMPANY NAME _____ TELEPHONE _____ FAX _____
CONTACT NAME _____ ACCOUNT NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

#3 REFERENCE

COMPANY NAME _____ TELEPHONE _____ FAX _____
CONTACT NAME _____ ACCOUNT NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

***DOES BUSINESS QUALIFY FOR SALES TAX EXEMPTION? : ___ YES ___ NO *IF YES PLEASE ENTER CERTIFICATE # (_____)**

***IF BUSINESS QUALIFIES FOR ANY TAX EXEMPTIONS YOU MUST INCLUDE (HARDCOPY) TO AVOID BEING CHARGED SALES TAX**

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST THE FIRM? ___ YES ___ NO

HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, PLEASE ATTACH AND EXPLANATION ___ YES ___ NO

DO YOU REQUIRE A PURCHASE ORDER NUMBER ___ YES ___ NO

ESTIMATED MONTHLY PURCHASES \$ _____

IMPORTANT, PLEASE READ:

EVERYTHING STATED IN THIS CREDIT APPLICATION/AGREEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. YOU ARE AUTHORIZED TO INQUIRE OF PRINCIPLE REFERENCES, BANKS OR OTHER CREDIT REFERENCE TO CHECK MY CREDIT AND OBTAIN SUCH INFORMATION AS DEEMED NECESSARY FOR EVALUATING THE CREDIT APPLICATION. YOU ARE FURTHER AUTHORIZED TO ANSWER QUESTIONS FROM OTHERS ABOUT YOUR CREDIT EXPERIENCE WITH ME.

IT IS AGREED THAT IF CREDIT IS EXTENDED, THIS ACCOUNT WILL BE PAID IN ACCORDANCE WITH STATED REGULAR TERMS OF SALE, AS INDICATED ON THE INVOICE(S). I AGREE THAT FAILURE TO COMPLY WITH YOUR REGULAR PAYMENT TERMS, OR IF ANY CHECK SHOULD BE RETURNED, THERE WILL BE A \$35.00 CHARGE FOR ANY RETURNED CHECKS, THE ACCOUNT WILL AUTOMATICALLY BE PLACED ON C.O.D. BASIS, AND ANY CREDIT LIMIT ESTABLISHED WILL BE WITHDRAWN.

(DALCO, RESERVES THE RIGHT TO GRANT OR DENY CREDIT, ALSO TO INCREASE OR DECREASE CREDIT LIMITS)

IT IS FURTHER AGREED THAT ALL PAST DUE AMOUNTS ARE SUBJECT TO A 1.5% PER MONTH SERVICE CHARGE (18% A.P.R) PLUS ALL COSTS OF COLLECTION INCLUDING ATTORNEY FEES AND COURT COSTS INCURRED. IN ADDITION, THAT CREDIT MEMOS ARE USED IN A REASONABLE TIME PERIOD, NOT TO EXTEND OVER 180 DAYS OTHERWISE CREDITS WILL BE VOIDED FROM CUSTOMER ACCOUNTS AND ONLY REISSUED OR APPLIED UPON WRITTEN REQUEST. RETURNED MATERIAL MAY BE SUBJECT TO A RESTOCKING CHARGE.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE CREDIT POLICY OF DALCO ENTERPRISES, INCORPORATED AND AGREE TO ALL CONDITIONS SET FORTH. FURTHERMORE, I (WE), THE UNDERSIGNED, (IF NOT AN OFFICER) AM DULY AUTHORIZED TO ACT AS AN AGENT FOR SAID ENTITY APPLYING FOR CREDIT AND (I) AM AUTHORIZED TO ENTER INTO BINDING CONTRACTS OR OTHER LEGAL OBLIGATIONS.

AUTHORIZED SIGNATURE

DATE

NAME (PLEASE PRINT)

TITLE