



Application for and Terms and Conditions of Credit

Please complete all sections, sign, fax copy to 217-345-3585 and return original to:

REXDON INC.
P.O. Box 197
Charleston, IL 61920

APPLICANT BUSINESS

Billing Address:

Contact Person:

Telephone:

Fax:

List Owners, Partners, or

Title

Title

Title

Name, Address of Registered

The undersigned Applicant for credit ("Applicant") requests the creation of an open account with REXDON INC. ("RexDon"), and if or when approved by RexDon, agrees to pay all charges according to the following terms:

In consideration of the agreement of RexDon to extend credit to Applicant, Applicant, by its duly authorized officer, partner or owner, agrees that Applicant will pay interest at the rate of 1 1/2 % per month and also agrees to pay all court costs, collection and attorney's fees incurred by RexDon in the event the account is turned over to an attorney or collection agency for collection. Such collection and attorneys' fees shall be the greater of (a) the number of hours worked by the attorneys times a reasonable hourly fee or (b) an amount equal to the percentage contingent fee which RexDon has agreed to pay its collection agency or attorney.

Furthermore, as an authorized representative of the above named business entity, I hereby request that credit information about our account be released to REXDON INC.

Signature of Officer, Owner, or Partner

Title

FEIN or SSN

Date



Application for and Terms and Conditions of Credit (continued)

Please complete and fax to (217) 345-3585

BANK REFERENCES

Name:
Address:
Account #:
Contact:
Telephone:
Fax:

Name:
Address:
Account #:
Contact:
Telephone:
Fax:

TRADE REFERENCES

Name:
Address:
Account #:
Contact:
Telephone:
Fax:

Name:
Address:
Account #:
Contact:
Telephone:
Fax:

Name:
Address:
Account #:
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Name:
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Account #:
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