

THE BLACK TAI SALT COMPANY

Fax: (201) 444-5841

Document Processing Group

Box 1011

Township of Washington, NJ 07676

Date: _____

Amount Credit Applied For: \$ _____

(Note: If in excess of \$60,000 we require a copy of financial statement.)

PLEASE PRINT LEGIBLY

Contact Name: _____ Email: _____

Name of Firm: _____ Phone No. _____

Mailing Address: _____ Fax No. _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

D&B DUNS #: _____

Are Purchase Orders required to charge your account? _____ Tax Certificate No. _____

Type of Business: _____ Resale Certificate No. _____

Name of Officers or Owners: _____

Years Established: _____ Is Business Incorporated: _____

Bank Affiliation: _____ Phone No. _____

Account # _____ Fax No. _____

Bank Address: _____ City: _____ State: _____ Zip: _____

BUSINESS REFERENCES

1.) _____ 2.) _____
Name Name
Address Address
City State Zip City State Zip
Phone # Fax# Phone # Fax#

3.) _____
Name
Address
City State Zip
Phone# Fax#

IT IS UNDERSTAND THAT ALL PURCHASES ARE DUE AND PAYABLE - NET 15 DAYS - FROM DATE OF INVOICE (ORDER DATE). CREDIT TERMS ARE NOT AVAILABLE FOR THE FIRST ORDER UNLESS PREVIOUSLY APPROVED.

-AND-

The legal signature below authorizes release of payment history to The Black Tai Salt Company.

Signature _____ Date _____

Title _____

FOR CREDIT DEPARTMENT USE ONLY

Credit Approval Maximum Amount \$ _____ Code _____

Credit Refused

COD Customer Preference Sales Contact: _____

Signed _____ Title _____ Date _____

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The undersigned company certifies that the information on this Credit Application is true and correct to the best of its knowledge; that it understands its obligation to inform The Black Tai Salt Company, (hereinafter collectively referred to as "BTSC") of any and all changes on this Credit Application; and that it authorizes BTSC to contact the above references for credit information purposes. Any extension of credit to company shall be at the sole discretion of BTSC.

By executing this Credit Application, the undersigned company agrees that it will be contractually bound by BTSC's credit terms and conditions. Company agrees to pay all invoices upon receipt. Any invoices not paid within the terms and conditions set forth between BTSC and company are subject to an interest charge of 1.5% per month (18% per annum). However, payment of interest does not change or modify the payment terms under which credit was granted and which are agreed upon as evidenced by the signature below. Company further agrees that funds advanced by BTSC on its behalf will be subject to an advancing fee of at least 8% unless otherwise agreed upon. This includes transportation costs such as rail, ocean, and over the road. Also, in the event of non-payment, company agrees to pay all collection costs, including reasonable attorneys' fees.

Company acknowledges and agrees that BTSC shall have a general and continuing lien on any and all property and documents of company coming into BTSC's actual or constructive possession or control for monies owed to BTSC with regard to the order on which the lien is claimed, a prior order(s) and/or both. BTSC shall provide written notice to company of its intent to exercise such lien, the exact amount of monies due and owing, as well as any ongoing storage or other charges. Company agrees that unless, within thirty days of receiving notice of lien, it posts cash or letter of credit at sight, or, if the amount due is in dispute, an acceptable bond equal to 110% of the value of the total amount due, in favor of BTSC, guaranteeing payment of the monies owed, plus all storage charges accrued or to be accrued, BTSC shall have the right to sell such possessions at public or private sale or auction and any net proceeds remaining thereafter shall be refunded to Customer.

Signature of Officer/Authorized Agent _____ Title _____ Date _____

Print Name and Company _____

PLEASE RE ENTER AND PRINT LEGIBLY

Contact Name: _____ **Email:** _____

Name of Firm: _____ **Phone No.** _____

Mailing Address: _____ **Fax No.** _____

City: _____ **State:** _____ **Zip:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

D&B DUNS #: _____

