

Credit ApplicationPage 1 of 2

| Mailing Address: | Firm Name: | | | | |
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| City | Mailing Address: | | | | Phone: |
| Anticipated Volume of Business Per Month: | Street Address: | | | | Fax: |
| Would you like invoices/statements emailed to you? | City | | State | : | Zip: |
| OWNERS OR COMPANY OFFICERS NAME: Title: Home Address: Home Phone: Title: Home Address: Home Address: Home Phone: Title: Home Address: Home Address: Home Phone: Title: Home Phone: Titl | Anticipated Volume of | of Business Per Month: | Amt of Cre | edit Requested: | |
| NAME: Title: Home Address: Home Phone: Home Phone: Home Address: Home Phone: Home Phon | Would you like invoice | s/statements emailed to y | ou? YES NO En | nail address: | |
| Home Address: NAME: Title: Home Phone: Mame Phone: Home Home Home Home Home Home Home Home | OWNERS OR CO | MPANY OFFICERS | | | |
| NAME: Title: Home Address: Home Phone: Corporation Partnership Proprietorship Other Years in Business: Accounts Payable Contact: Purchase Order Required: YES NO Oyou have, or have you had, any judgments, garnishments, or bankruptcies? YES NO If yes, please explain: Phone: REFERENCES (NOTE: Contact EMAIL IS REQUIRED) Bank Name: Phone: Address: EMAIL (REQUIRED) Checking Acct # Vendor Name Phone Service/Product Contact: Address EMAIL (REQUIRED) Account #: Vendor Name Phone Service/Product Contact: Address EMAIL (REQUIRED) Account #: Vendor Name Phone Service/Product Contact: Address EMAIL (REQUIRED) Account #: Vendor Name Phone Service/Product Contact: Address EMAIL (REQUIRED) Account #: FOR INTERNAL USE ONLY: | NAME: | | | Title: | |
| Home Address: Home Phone: | Home Address: | | | Home Phone | : |
| ORGANIZATION Corporation Partnership Proprietorship Other Years in Business: Accounts Payable Contact: Purchase Order Required: YES NO Do you have, or have you had, any judgments, garnishments, or bankruptcies? Purchase Order Required: YES NO If yes, please explain: Phone: Phone: REFERENCES (NOTE: Contact EMAIL IS REQUIRED) Bank Name: Phone: Phone: Address: EMAIL (REQUIRED) Checking Acct # Vendor Name Phone. Service/Product Contact: Address EMAIL (REQUIRED) Account #: Vendor Name Phone. Service/Product Contact: Address EMAIL (REQUIRED) Account #: Vendor Name Phone. Service/Product Contact: Address EMAIL (REQUIRED) Account #: For INTERNAL USE ONLY: | NAME: | | | Title: | |
| Corporation | Home Address: | | | Home Phone | : |
| Years in Business: Accounts Payable Contact: Type of Business: Purchase Order Required: YES NO Do you have, or have you had, any judgments, garnishments, or bankruptcies? YES NO If yes, please explain: Phone: REFERENCES (NOTE: Contact EMAIL is REQUIRED) Bank Name: Phone: Address: EMAIL (REQUIRED) Checking Acct # Contact: Vendor Name Phone. Service/Product Contact: Address EMAIL (REQUIRED) Account #: Account #: Vendor Name Phone. Service/Product Contact: Address EMAIL (REQUIRED) Account #: Fone. Service/Product Contact: Address EMAIL (REQUIRED) Account #: FOR INTERNAL USE ONLY: | ORGANIZATION | | | | |
| Type of Business: | ☐ Corporation | ☐ Partnership | ☐ Proprietorship | ☐ Other | |
| Do you have, or have you had, any judgments, garnishments, or bankruptcies? YES NO If yes, please explain: REFERENCES (NOTE: Contact EMAIL is REQUIRED) | Years in Business: | | Accounts Payable Contact: | | |
| | Type of Business: | | | Purchase Order Require | ed: YES NO |
| REFERENCES (NOTE: Contact EMAIL IS REQUIRED) | Do you have, or have | you had, any judgments, | garnishments, or bankruptcies? | ☐ YES ☐ | NO |
| Bank Name: | If yes, please explain: | | | | |
| Address: EMAIL (REQUIRED) Checking Acct # | REFERENCES (I | NOTE: Contact EM | AIL is REQUIRED) | | |
| Checking Acct # | Bank Name: | | | Phone: | |
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| Service/Product Contact: Address EMAIL (REQUIRED!) Account #: FOR INTERNAL USE ONLY: | Vendor Name | | | Phone. | |
| Address | Service/Product | | | | |
| FOR INTERNAL USE ONLY: | _ | | | | |
| FOR INTERNAL USE ONLY: | Address | | | _ | |
| | | | | Account #: | |
| SALES REP: PRICE LEVEL TAX_EXEMPT? | FOR INTERNAL USE | ONLY: | | | |
| | SALES REP: | PRICE | LEVEL TAX EXE | EMPT? □ YES □ NO | TAX # |



Agreement and Personal Guaranty

AGREEMENT

Credit purchaser authorized A-1 Organics to obtain credit information from the above references.

| PAYMENT TERMS: Payment for all goods and significant delivered and/or services are provided, after which (18% per annum) will be added to all delinquent port to collect monies due us if we are required to place through bankruptcy or other judicial proceedings. | your account will be become of ions of your account. You also | delinquent. A late payment agree to pay all costs and r | charge of 1.5% per month com easonable attorneys' fees incurr | pounded red by us |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|----------------------|
| Signature: | Title: | | Date | |
| PERSONAL GUARANTY For valuable consideration, and to induce you to e. | ytand cradit baraon, the under | reigned igintly and severally | v hereby guarantee, uncondition | nally the |
| payment, when due, of each and every obligation, n account guaranteed. | | | | |
| This guaranty is a continuing guaranty and shall reprejudice A1 Organics' claim hereunder with respect | | | rganics, and revocation hereof | shall not |
| This guaranty shall extend to and cover any extensi claim against the undersigned, and, at any time, may | | | thout prejudice, reserve the righ | ts to any |
| The undersigned further agree that the venue for any and indemnify A1 Organics against any loss, claim of either present or future, as well as any expense, co owing or arising under this indemnity agreement. | r demand arising by the failure | of the account named below | v to pay its indebtedness to A1 (| Organics, |
| Furthermore, if the undersigned's payment is remit agrees to pay a \$20.00 reprocessing charge to A1 Or | | | cs as non-redeemable, the und | ersigned |
| Account Guaranteed: | | | | |
| Name of Corporation, Firm or Organization | | | | |
| Signature (Officer, Partner or Owner) | Title | | Date | |
| Signature (Officer, Partner or Owner) | Title | | Date | |

DR 0563 (294) COLORADO DEPARTMENT OF REVENUE 1375 SHERMAN STREET DENVER CO 80281

SALES TAX EXEMPTION CERTIFICATE MULTI - JURISDICTION

See reverse side for instructions.

| Issued to (Self | Issued to (Seller) | | Address | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| | Name of Firm (Buyer) | | | | | |
| CERTIEY | Street Address or Post Office Box Number | fice Box Number | | | | |
| LY A | Cità | | | State | ZIP Code | ode |
| | ☐ WHOLESALER | O RETAILER | ☐ MANUFACTURER | ☐ LESSOR* (See note on reverse side) | | C CHARITABLE OR RELIGIOUS |
| | D POLITICAL SUBDIV | ☐ POLITICAL SUBDIVISION OR GOVERNMENTAL AGENCY | | OTHER (Specify) | | |
| AS (Chart asch | and is registered with the | | es and cities within which | below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the | o us which are for resa | ile or lease by us in the |
| applicable | normal course of o | normal course of our business which is | | 0 | that such purchases ar | or that such purchases are exempt from payment |
| | of sales or use tax in such | | states and cities because the buyer is: $ {\mathbb C} $ | CI CHARITABLE OR RELIGIOUS | ITICAL SUBDIVISION OR | 30VERNMENTAL AGENCY |
| | | | U | OTHERWISE EXEMPT BY STATUTE (SPECIFY) | PECIFY) | |
| City or State | | State Registration or ID Number | ъ | City or State | State Registration or ID Number | ımber |
| City or State | , | State Registration or ID Number | ıber | City or State | State Registration or ID Number | ımber |
| City or State | | State Registration or ID Number | nber | City or State | State Registration or ID Number | umber |
| I further of to the progression of the progression | I further certify that if any property so pu to the proper taxing authority when state give to you, unless otherwise specified, | rty so purchased tax frei nen state law so provide: pecified, and shall be va | e is used or consumed by s or inform the seller for au ilid until cancelled by us in | I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state. | Sales or Use Tax we we libe part of each order ate. | rill pay the tax due direct which we may hereafter |
| General desc | General description of products to be purchased from the seller | chased from the seller | | | | |
| | | | | | | |
| Under pe | Under penalties of perjury, I swear or al | ear or affirm that the info | ormation on this form is tr. | firm that the information on this form is true and correct as to every material matter. | matter. | |
| Authorized Si | Authorized Signature (Owner, Partner or Corporate | Corporate Officer) | | Title | <u> </u> | Date |
| | | | | | | |