

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

COMPANY NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

TEL NO: _____

FAX NO: _____

PRIMARY CONTACT: _____

CELL NO: _____

PRIMARY CONTACT E-MAIL: _____

ACCOUNTS PAYABLE CONTACT: _____

TEL NO: _____

ACCOUNTS PAYABLE E-MAIL: _____

ORDER FULLFILLMENT CONTACT: _____

ORDER FULLFILLMENT E-MAIL: _____

DATE BUSINESS ESTABLISHED: ☐ _____

RESALE #: ☐ _____

☐ DISTRIBUTOR

DEALER

OTHER _____

ENTITY: _____

SOLE PROPRIETOR

PARTNERSHIP

CORPORATION

OTHERS, PLEASE SPECIFY _____

TAX IDENTIFICATION NUMBER: _____

OWNERS, OFFICERS OR PRINCIPALS

NAME: _____

TITLE: _____

E-MAIL: _____

RESIDENCE ADDRESS: _____

NAME: _____

TITLE: _____

E-MAIL: _____

RESIDENCE ADDRESS: _____

NAME: _____

TITLE: _____

E-MAIL: _____

RESIDENCE ADDRESS: _____

BANK REFERENCES

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT MANAGER: _____

TEL. NO. _____

ACCOUNT TYPE: _____

CHECKING

SAVINGS

FAX NO. _____

ACCOUNT NUMBER: _____

BUSINESS TRADE REFERENCES

BUSINESS NAME: _____

ACCOUNT NO: _____

ADDRESS: _____

CONTACT NAME: _____

TEL. NO. _____

E-MAIL: _____

FAX NO. _____

BUSINESS NAME: _____

ACCOUNT NO: _____

ADDRESS: _____

CONTACT NAME: _____

TEL. NO. _____

E-MAIL: _____

FAX NO. _____

BUSINESS NAME: _____

ACCOUNT NO: _____

ADDRESS: _____

CONTACT NAME:	TEL. NO.
E-MAIL:	FAX NO.

CREDIT AGREEMENT

The information supplied by the applicant for the purpose of establishing credit with Ortal USA constitutes a valid and legally binding contract when signed by an owner, partner, officer or other agent of the applicant firm. The undersigned affirms that all information provided is true and correct and the applicant has no knowledge of any impending matter which would materially affect the information contained herein.

Ortal USA is authorized to make inquiry of any source necessary to substantiate statements in the application and is further authorized to answer requests for credit information on my account from others. I also agree to furnish additional financial information from time to time as may be required.

Unless otherwise agreed upon, the undersigned promises to pay Ortal USA at its general offices for all purchases within 30 days from date of invoice and further agrees to pay service charges at the highest allowable rate by law on all amounts outstanding and not paid within the terms of sale.

Ortal USA reserves the right to suspend the advance of credit under this agreement at any time without prior notice.

In the event that it is necessary to place this account with an attorney for collection, the undersigned agrees to pay reasonable attorney's fees and costs in addition to the amount of delinquent account including service charges.

This agreement shall remain in full force up to and including the date of receipt by Ortal USA at its general office of a written revocation agreement.

This application must be signed by owner, partners or officers. If applicant is a partnership or corporation, at least two principals must sign or credit will not be approved.

APPLICANT(S)

Applicant Name:	_____	Title:	_____
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Signature:	_____	Date:	_____
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Applicant Name:	=====	Title:	_____
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Signature:	_____	Date:	_____
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CREDIT REVIEW RESULTS

Payment Term Approved:	_____
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Credit Limit Approved:	_____
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Approved by:	_____	Date:	_____
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CONTINUING GUARANTY

This Guaranty is made for the benefit of, and to obtain credit on a continuing basis from ORTAL USA with respect to the company listed on the attached credit application ("Debtor").

The undersigned hereby guarantees the performance of Debtor in accordance with the attached Credit Application, including but not limited to the prompt payment of all present and future indebtedness (both principal and interest) to Ortal USA, satisfaction of any obligations or liabilities of every kind and nature unincurred pursuant to the Application, and the prompt, full and faithful performance of each and every term and condition of the Application. The undersigned consents to any extension or alteration of any obligation incurred pursuant to the Application and guarantees such obligation, as amended.

This Guaranty is absolute, unconditional and continuing, and payment of the sums for which Debtor becomes liable shall be made to Ortal USA at its general office at such time as the payment becomes due. The undersigned expressly waives any right to require Ortal USA to enforce its rights or remedies against Debtor before proceeding against the undersigned, any right to require Ortal USA to proceed against any security held by Ortal USA, any right to set-off, or counterclaim against Debtor or against any other person or concern liable to the undersigned and any or all debts or liabilities hereafter owing to the undersigned by Debtor or any other person or concern hereby subordinated to Ortal USA claims. In the case of bankruptcy or insolvency proceedings or reorganization proceedings instituted by or against the Debtor, or if the Debtor becomes insolvent or assigns, disposes or encumbers a substantial portion of its property or defaults in payment of its indebtedness to Ortal USA then the liability of the undersigned shall become immediately fixed and be enforceable for the full amount of the the Debtor's indebtedness whether then due or not.

Upon written notice personally delivered to Ortal USA, the undersigned may terminate its obligations hereunder as to indebtedness thereafter incurred by Debtor to Orta USA.

If Ortal USA brings an action on this Guaranty, the undersigned promises to pay Ortal USA cost of suit and reasonable attorney's fees, in addition to the amount recovered hereunder.

This Guaranty shall inure to the benefit of Orta USA, its successors and assigns. It shall be binding jointly and severally on the undersigned, their heirs, personal representatives, successors and assigns.

Name of Guarantor/Title

Signature

Date

Name of Guarantor/Title

Signature

Date

PLEASE RETURN COMPLETED APPLICATION TO ORTAL USA

BY FAX AT (818) 678-0541

BY E-MAIL AT office@ortalheat.com