

<b>Business</b>	Legal Business Name		Federal Tax ID # (required)	
	Street Address		Fax Number	
	City, State, Zip		Telephone Number	
	Check One <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		DNB# or ASI#	
	Year Established	Credit Limit Requested	Parent Company Affiliation	
<b>Owners or Chief Officers</b>	Name		Name	
	Title	Social Security #	Title	Social Security #
	Home Street Address	Telephone #	Home Street Address	Fax #
	City, State, Zip	Fax #	City, State, Zip	Telephone #
<b>Business References</b>	<b>Company Name</b>		<b>Company Name</b>	
	Street Address		Street Address	
	City, State, Zip		City, State, Zip	
	Individual to Contact	Fax #	Individual to Contact	Fax #
	Company Name		Company Name	
	Street Address		Street Address	
	City, State, Zip		City, State, Zip	
	Individual to Contact	Fax #	Individual to Contact	Fax #
<b>Bank Reference</b>	Bank Name		<b>Return Completed Application to:</b>  <b>Simple Products Corp</b> <b>138 E 12300 South Ste C-165</b> <b>Sandy, UT 84020</b>  <b>OR Fax to:</b> <b>Fax # 801-553-8887</b>	
	Street Address			
	City, State, Zip	Fax Number		
	Loan Officer	Account Number		

I, the undersigned, being a duly authorized individual, do hereby authorize Simple Products Corp to contact the above listed references for the purpose of obtaining credit information for consideration of this application. If terms are approved, I agree to pay all invoices according to the terms stated on the invoice. Claims arising from invoices must be made within 7 working days. Collection costs plus reasonable attorney fees will be paid if collection or legal action is commenced for non-payment. Bank references will be verified.

Credit Terms are offered to facilitate the order process. Terms offered are Net 10, Net 15, and a maximum of Net 30 based on credit approval. This Credit Application, all business transactions and all agreements shall be governed by and construed in accordance with the laws of the State of Utah. By my signature below, I authorize Simple Products Corp to charge interest on any outstanding balance over ten (10) days old at the lesser of 1.5 percent per month (18% per annum) or the maximum interest rate permitted by law in such transaction.

I, [your name] \_\_\_\_\_, residing at [physical address] \_\_\_\_\_, for and in consideration of extending credit, at my request to the company, hereby personally guarantee to you the payment of any and all obligation of the company and hereby agree to bind myself to pay to you any sum which may become due to you by the company if the company shall fail to pay its obligation. It is understood that this guarantee shall be continuing and irrevocable.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]