SYLVAN PRODUCTS LLC and Affiliates

CONFIDENTIAL CREDIT APPLICATION

Please complete, sign and return by Fax	to: (503)608-			IEODIA ATI						
FULL LEGAL NAME OF BUSINESS (APPLICANT)		APP	DBA NAME	NFORMATION	ON	NA	AME OF PAR	RENT CC	MPANY	
FOLL LEGAL IVAIVE OF BUSINESS (AFFLICAIVI)			JDA NAIVIE			147	NAME OF PARENT COMPANY			
ADDRESS			WEBSITE ADDRESS			TE	TELEPHONE NUMBER			
CITY STATE OR PROVINCE		INCE	COUNTR	RY	ZIP OR POST		L CODE FAX NUMBER		X NUMBER	
TO SUPPORT T	HIS APPLICATION F	OR CREDIT	DI FASE AT	TACHLATEST	FISCAL VEAR	P END FINA	ANCIAL STA	TEMEN	T	
ACCOUNTS PAYABLE CONTACT / PHONE & FAX NUM		OR CREDIT	, PLEASE AT		MONTHLY CRI				ESTIMATED VALUE OF FIRST ORDER	
				\$					\$	
CUSTOMER ASSUMES STATE TAX DATE OF ORGANIZATION TAX STATUS	LIABILITY UNLESS A		IS ACCOMPAN		DUNS N		IPTION CERT	TFICATE		
Taxable Exempt					Bonon	DONO NOMBER			BUYING GROUP AFFILIATION	
BUSINESS STRUCTURE			TYPE OF BUSINESS						EFT Capable	
□ Corporation □ Partnership □ LLC □ Sole Proprietorship □ Other			☐ Commercial ☐ Wholesale Trade ☐ Retaile☐ Owner/End User ☐ Re-Manufacturer				Retailer		☐ Yes ☐ No	
If public, list trading symbol			Other							
			1							
SECTION A NAMES AND TITLES OF OFFICERS. PARTNERS OR OTHER			SECTION B: COMPLETE IF NOT A SSN RESIDENTIAL ADDRESS						DRPORATION	
NAMES AND THESE OF OFFICERO, FARMERO OR OTHER			NEODENTIAE ADDITECT							
		В	ANK INFO	ORMATION						
BANK NAME	CONTACT	CONTACT								
ADDRESS				TELEPHONE NUMBER				FA	X NUMBER	
CITY	STATE OR PROVINCE			COUNTRY				ZIF	OR POSTAL CODE	
TYPE OF BANK ACCOUNT AC	COUNT NUMBER		LOAN NU	IMBER			Revolver	☐ Ter	m Secured Unsecured	
ACCOUNTING FIRM		CONTACT	1				Т	ELEPHO	DNE NUMBER	
		Ti	RADE REF	ERENCES						
1) NAME				TELEPHONE NUMBER				FAX NUMBER		
ADDRESS				CONTACT						
CITY STATE OR PROVINCE				COUNTRY			ZIP OR POSTAL CODE			
2) NAME				TELEPHON	TELEPHONE NUMBER			FAX NUMBER		
ADDRESS					CONTACT					
CITY STATE OR PROVINCE			COUNTRY				ZIP OR POSTAL CODE			
I) NAME			TELEPHONE NUMBER					FAX NUMBER		
ADDRESS				CONTACT			Т			
CITY	STATE OR PROVINCE			COUNTRY			Z		OR POSTAL CODE	
The applicant hereby represents and warrants in herewith, is true and complete. If financial statem financial condition of the applicant as of the date necessary or appropriate, including, without limita hereby agrees to remit payment within the terms conclusive and binding upon applicant, except for of the applicable invoice. Applicant shall pay suc applicant. The applicant shall indemnify <i>Sylvan</i> (1.5%) interest per month, or the maximum amo from the due date thereof. <i>Sylvan</i> shall have the limitation, any rebate due applicant. In the even providing credit support for the applicant's oblig document supporting the applicant's oblig document supporting the applicant's obligations to any and all amounts owed by the applicant will proagrees to be bound by and comply with the their contrary or additional terms included in customer' name or organizational structure unless it shall providing such other information in connection the CONSTRUED, AND ENFORCED ACCORDING CONFLICTS OF LAW. THE APPLICANT CON	nents are provided thereof. The appartion, the bank(s) specified on the frany specified on the frany specific mattre. As a specified on the frany specific mattre. The specific mattre of the specific mattre. The sp	I, then appliolicant hereil ilisted above face of each er disputed for this but shall collection, inder applica y amounts of ermines, at mes impaire shall have der these te and condiditional fina Terms and or otherwise writing within may reasc. OF THE	cant further by authorize to yauthorize to yauthorize to yauthorize to yapplicant I have the rincluding, with the state law owed by the any time in d., or there the right, an erms and cotions or othicial inform. Conditions to proposed to the ten (10) do nably reques STATE OF	represents an assess Sylvan to copy authorizes the amount in the amount	by the control of the	nat such finformation to releas on each in letails of sit that ance attorney abeen du st any american, that e enforce ided by any to such as the such	financial standardinancial standardinanc	atements applicate applicate applicate steel in III constitute within ent that shall parable for III do not shall parable for III do	s are true and accurately reflect the ant from any source Sylvan deems formation to Sylvan. The applicant tute an account stated and shall be ten (10) business days after receipt such dispute is resolved in favor of my Sylvan one and one-half percent thirty (30) days or more, calculated divan to applicant, including, without applicant or of any person or entity cy of any agreement, instrument or sclare immediately due and payable for the formal transplicant is sole judgment have been ducts by the applicant, the applicant agreed in writing by Sylvan. All and agrees that it shall not change its ame or organizational structure and ATION SHALL BE INTERPRETED, TO OREGON LAW REGARDING	
OREGON AS REGARDS ANY CLAIM OR MATING Industries LLC, and any persons or entity of any n	TER ARISING UN	NDER THIS controlled by	APPLICAT y or under co	TON. For pu ommon contro	rposes of this	Applicat Forest P	ion, "affiliat roducts Inc	te" mea		
OKER/SALES REP SIGNATURE: DATE:				SALES MANAGER SIGNATURE:			DATE:			