



Effective Date: April 1, 2005

CREDIT APPLICATION

Softride, Inc. ~ P.O. Box 9709 ~ Bellingham, WA 98227 ~ Phone: 800.557.6387 ~ Fax: 360.647.1884 ~ www.softride.com

NAME (List branch stores on an attached sheet.)

Firm Name _____ d.b.a. _____
 Billing address _____ City _____ State _____ Zip _____ Phone (____) _____
 Shipping address _____ City _____ State _____ Zip _____ Fax (____) _____

BUSINESS

Principal business _____ Date business started _____ Tax ID # _____
 Building _____ Rent _____ Own Value (if owned) _____ Mortgage/Lease Payments _____
 Total annual sales _____ Business insurance carrier _____ Credit limit desired _____

OWNERSHIP

_____ Proprietorship _____ Partnership _____ Corporation _____ Subsidiary

List owners/officers	Position	Address
_____	_____	_____
_____	_____	_____

Controller/contact _____
 Bankname/Contact _____
 Address _____ City _____ State _____ Zip _____
 Account number _____ Inventory Line of Credit _____
 Financial statement attached _____ Yes _____ No (required if credit limit desired exceeds \$10,000.00)

TRADE REFERENCES AND AUTHORIZATION FOR CREDIT CHECK

1. Name _____ Account Number _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____

2. Name _____ Account Number _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____

3. Name _____ Account Number _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____

4. Name _____ Account Number _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____

I (we) agree that a representative of SOFTRIDE, Inc. may contact any persons named above for verification of facts and payment of funds.

AUTHORIZED BY _____ DATE SIGNED _____
 (Corporate officers or owner's signature only)

REMARKS:

I (we) hereby agree to the following:

- That I (we) make sure that above terms are complied with and that I (we) will notify you immediately of any changes of the above facts.
- That I (we) will pay a LATE CHARGE of 1 1/2 % (which is 18% ANNUAL PERCENTAGE RATE) on the unpaid balance of my (our) account on the 1st of each month if payment has not been made in accordance with the terms of the invoice.
- That all invoices will be paid within the terms indicated to prevent termination of credit.
- I (we) agree to give written notice to SOFTRIDE, INC. prior to the sale or transfer of all or substantially all of the stock or assets of our business; if we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business.

DEFAULTS: In the event of default of non-payment purchaser agrees to pay all costs incident to collections, including but not limited to reasonable attorney's fees, cost of collection, and court costs. This contract is made in the State of Washington. The buyer by placing an order agrees to submit to the jurisdiction of the courts of the State of Washington, and that the laws of the State of Washington shall apply.

The representations made herein are correct to the best of my knowledge and I understand this application may be rejected or revoked by SOFTRIDE, Inc. At any time if the actual facts are found to differ materially from those stated above.

AGREED TO BY: _____ DATE SIGNED: _____
 (Corporate officer or owner's signature only)