



COMMERCIAL CREDIT APPLICATION

P.O. BOX 2897 HONOLULU, HI 96802
1369 COLBURN STREET, HONOLULU, HI 96817 (808) 845-2234

Individual or Company Name
Location Address City State Zip
Billing Address City State Zip
Phone No. Fax No. E-Mail Address
Type of Business: Corporation Partnership Sole Ownership
Federal Identification Number
Social Security Number
Contractor=s license No. Business started under present ownership in

If Corporation, List Officers

Sole Ownership or Partnership, Owners are:

President Vice-President Secretary Treasurer
The principal stockholder is:
Purchasing Agent Ph. No. Manager How Long
Acctg Contact Ph. No.

Do you issue purchase order for each purchase? Yes No
Credit Requested: Amount Terms as specified below and on the invoice.
How many copies of your invoice do you require? (Circle one) 1 2 3 4 More
Do you need monthly statements sent to you? Yes No
Have you applied for credit with us before? Yes No If yes, when under company name

WE REQUIRE JOB NAMES ON ALL INVOICES.

BANK & LOCAL TRADE REFERENCES

Bank Reference Branch Account No. Type
1. Address Ph. No.
2. Address Ph. No.
3. Address Ph. No.

Terms & Agreements and Resale Certificate: in consideration of the granting of this request for credit. I / we agree:

- 1. Billing date cut off last day of the month. Terms are net 30 days. The undersigned and / or the customer agrees to pay a service charge of 1 1/2% per month on all overdue amounts and for collection and attorneys fees in the event this bill becomes overdue. All accounts over 45 days may be placed on credit hold. A discount of 1% is allowed if payment is received within 10 days from date of invoice.
2. The undersigned hereby certifies for himself as Purchaser or for the above named Purchaser, pursuant to Section 117-14 (b) (6) of the General Excise Tax Law, as amended, and Regulation of the Tax Commissioner relating to Resale Certificates at Wholesale;
1. That the Purchaser is holder of License No. under the General Excise Tax Law;
2. That the nature of the Purchasers business is
3. That until this Certificate is revoked by notice in writing it shall apply to all sales of tangible personal property which the Purchaser shall purchase from the Seller named above, except those order as to which the Purchaser shall specify by notice in writing that this Certificate does not apply.
4. That all of the tangible personal property to which this Certificate applied will be used for purpose of resale as, set forth in Section 117-5, clause (a), of the General Excise Tax Law, as amended, and paragraph (a) of Article 3 of the above noted Regulations; or for incorporation by the Purchaser into a manufactured product which will be sold, as a set forth in Section 117-5, clause (b) of the General Excise Tax Law, as amended, and paragraph (b) of Article 3 of the above noted Regulation; or for incorporation by the Purchaser (who is engaged in the contracting business or is subject to taxation the same as if engaged in the business of contracting), into a structure or other improvement on land as set forth in Section 117-5, clause (c) of the General Excise Tax law, as amended, and paragraph (c) of Article 3 of the noted Regulations.
3. No one except an officer of COSCO, Inc. has the authority to alter or change any condition of the agreement.

We understand your terms and agree to abide by them.

Firm
Company Representative Title Date
Signature

GUARANTY: In consideration of your extending credit to the foregoing Applicant, the undersigned, jointly and severally, guarantee the payment promptly when due of all obligations of said Applicant to you. We waive presentment and demand for payment, protest and notice of a non-payment, and we subordinate to any rights you may now or hereafter have against Applicant any rights that we may now or hereafter have, and we waive notice of acceptance hereof. We consent that you may, without affecting our liability, compromise or release, and grant extensions of time of payment of Applicant, and we consent to the transfer to you of security by Applicant. We shall pay all attorneys fees and expenses of collection in the event of referral to an agency or attorneys. This guarantee shall not be discharged or affected by death of any of the undersigned and shall bind your respective heirs, administrators, representatives, successors and assigns.

I hereby personally guarantee the payment of the account:

Guarantor Signature Date
Address City State Zip

FOR COSCO CREDIT DEPARTMENT

Credit Approved Refused
Credit Limit Account Number
Trade: Industrial
Reason Signed Date