



Franko Maps, Ltd.

94-515 Ukee Street, Unit 309, Waipahu HI 96797-4200
(808) 678-8688 phone, (808) 678-8232 fax

Credit Application and Sales Agreement

This combined Credit Application and Sales Agreement, when completed and executed by Purchaser shall be deemed binding only when accepted by the execution of Franko Maps, Ltd. ("FM"), and shall thereafter govern and represent the terms of all dealings and transactions between parties hereto. The Applicant/Buyer named and signing below acknowledges and confirms that FM is relying upon the accuracy and completion of the information herein, and but for the truth and accuracy of which FM would reject this Application and Agreement.

A. Credit and Statistical Information:

Your Company Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Fax: (_____) _____

Billing/Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

State Resale Number: _____ Federal Employer ID No. (FEIN): _____

Name of Accounts Payable Manager: _____

Company is: () Partnership () Sole Proprietorship () Corporation

If corporation, what is the date of incorporation? ____/____/____ Date business started? ____/____/____

B. Ownership Information:

1. First Name: _____ MI _____ Last: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Social Security Number: _____

2. First Name: _____ MI _____ Last: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Social Security Number: _____

C. References:

Please list your major creditors:

Company: _____ Contact: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Fax: (_____) _____

Account Number : _____

Company: _____ Contact: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone: (_____) _____ Fax: (_____) _____
Account Number : _____

Company: _____ Contact: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone: (_____) _____ Fax: (_____) _____
Account Number : _____

D. Bank reference information:

Bank: _____ Contact: _____
Account Number: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone: (_____) _____ Fax: (_____) _____

Franko Maps, Ltd. (FM) Open Credit Terms Agreement

In consideration of extension of credit and/or delivery of merchandise by Franko Maps, Ltd. ("FM"), the applicant agrees, acknowledges and warrants the following: I am authorized to make this application and warrant that the information supplied is true and complete to my knowledge. I hereby authorize FM, or any agency or credit bureau employed by them, to investigate any references or other data obtained from me or from any other source pertaining to my credit and financial responsibility. Terms of sale for open accounts are Net 30 days unless otherwise agreed to in writing by both parties. I agree to pay all charges that accrue at 1.5% per month on any balance unpaid after 30 days. The terms are subject to change upon notice. I also agree to pay costs, collection agency fees, and attorney fees incurred by FM in enforcing any of its rights in connection with the agreement. Venue for any suit shall be laid in the State of Hawaii. I agree to notify FM promptly of any changes in ownership of the business conducted under the account name and agree to liability for all charges to the business conducted under the account unless and until you receive written notice of the change in ownership. The undersigned, individually and as officers of the above named corporation do hereby agree to the terms and conditions of the above contract and/or invoices of FM and hereby individually bind ourselves and the corporation to the terms of this contract; and this joint and several liability shall be binding and enforceable upon each and all of us.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

TITLE: _____