

DATA AMERICA CREDIT APPLICATION

Mail to: 146-A Dunbar Avenue, Oldsmar, FL 34677-2944

Fax to: 813-854-4398

TERMS REQUESTED: NET 20___ COD___ COMPANY CHECK___ CREDIT CARD___ CREDIT REQUESTED: \$ _____
 LEGAL NAME OF COMPANY: _____
 TRADE NAME: d/b/a _____
 BILLING/MAILING ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE NO.: _____ FAX NO.: _____
 TIME AT ADDRESS: _____ RENT _____ OWN _____
 WEBSITE ADDRESS: _____
 TYPE: CORPORATION___ PROPRIETORSHIP___ PARTNERSHIP___
 TAX EXEMPT NO.: _____
 YRS. IN BUSINESS: _____ DUN & BRADSTREET NUMBER: _____
 NATURE OF BUSINESS: _____
 PERSON TO CONTACT FOR PAYMENT: _____
 EST. MONTHLY PURCHASES: \$ _____
 DISCOVER___ VISA___ MASTERCARD___
 CREDIT CARD NO.: _____ EXP. DATE: _____
 CREDIT CARD BILLING ADDRESS: _____
 _____ PHONE NO.: _____

I am an authorized signer on above card and hereby give Data America permission to bill the credit card when verbally requested:

Name on Card: _____ Signed: _____
 DISCOVER___ VISA___ MASTERCARD___
 CREDIT CARD NO.: _____ EXP. DATE: _____
 CREDIT CARD BILLING ADDRESS: _____
 _____ PHONE NO.: _____

I am an authorized signer on above card and hereby give Data America permission to bill the credit card when verbally requested:

Name on Card: _____ Signed: _____

PRINCIPALS:

NAME AND TITLE: _____ SOCIAL SECURITY NO.: _____
 ADDRESS: _____
 E-MAIL ADDRESS: _____
 NAME AND TITLE: _____ SOCIAL SECURITY NO.: _____
 ADDRESS: _____
 E-MAIL ADDRESS: _____
 NAME AND TITLE: _____ SOCIAL SECURITY NO.: _____
 ADDRESS: _____
 E-MAIL ADDRESS: _____

BANK INFORMATION

BANK NAME: _____ CONTACT: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP: _____ ACCOUNT #: _____ PHONE #: _____
 2 ND ACCOUNT OR LOAN #: _____
 2 ND BANK NAME: _____ CONTACT: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP: _____ ACCOUNT #: _____ PHONE #: _____
 2 ND ACCOUNT OR LOAN #: _____

AUTHORIZATION

The undersigned authorizes release of all banking and credit information, both business and/or personal requested by Data America. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original, which I have signed.

Authorized Signature: _____ Date: _____

ATTACH RECENT FINANCIAL STATEMENTS (AUDITED PREFERRED)

ENTIRE APPLICATION MUST BE COMPLETED AND SIGNED FOR NET TERMS CONSIDERATION

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TRADE INFORMATION

1. Company Name _____ Account # _____
Address _____ Contact _____
City _____ State _____ ZIP _____ Phone _____ Fax _____

2. Company Name _____ Account # _____
Address _____ Contact _____
City _____ State _____ ZIP _____ Phone _____ Fax _____

3. Company Name _____ Account # _____
Address _____ Contact _____
City _____ State _____ ZIP _____ Phone _____ Fax _____

This credit application and agreement is submitted by the undersigned (hereafter Customer) to ASHLYN CORPORATION d/b/a DATA AMERICA (hereafter DATA AMERICA), to obtain trade credit. Customer agrees to make payment in full to DATA AMERICA for all amounts due according to DATA AMERICA's invoice(s). Customer also agrees to pay DATA AMERICA, as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should Customer default in any such payment(s), DATA AMERICA shall have the right, without notice to Customer, to declare all invoice amounts immediately due and payable. In the event DATA AMERICA should commence any action or actions, or otherwise seek to enforce this agreement against Customer or any Guarantor, Customer agrees to pay reasonable attorney(s) fees, court and other expenses incurred by DATA AMERICA, whether or not suit is filed. This agreement is not transferable or assignable without prior written consent of DATA AMERICA. This agreement shall become effective upon acceptance by DATA AMERICA. Customer agrees that all sales shall be governed by DATA AMERICA's Standard Terms and Conditions of Sale, as stated on the invoice and shown in DATA AMERICA's website, unless DATA AMERICA and Customer have executed a separate agreement which specifically supersedes and replaces those terms and conditions.

Customer and Customer's authorized representative signing this agreement hereby represent and warrant that the information provided in this application and in any and all additional documents, financial statements or other information furnished by Customer to DATA AMERICA is true and correct in all material respects and contains all information necessary so that this application is not materially misleading. Customer acknowledges that DATA AMERICA is relying on the accuracy of the information provided by Customer. Customer hereby grants DATA AMERICA a security interest in any and all goods purchased by Customer from DATA AMERICA to secure any and all obligations of Customer to DATA AMERICA, including but not limited to any obligation of payment. Customer agrees to execute any additional documents necessary to perfect or continue any security interest related to this application. Customer agrees to adhere to the credit service policies and procedures established from time to time by DATA AMERICA.

Dated at _____, as of this _____ day of _____, 20_____.

Signed by: _____ Name/Title: _____

Dated at _____, as of this _____ day of _____, 20_____.

Signed by: _____ Name/Title: _____

Dated at _____, as of this _____ day of _____, 20_____.

Signed by: _____ Name/Title: _____

The undersigned individual(s) who is (are) either a principal(s) or partner(s) of the above-named Customer or a sole proprietorship of the above-named Customer, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of Customer, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by DATA AMERICA, the above-named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Dated at _____, as of this _____ day of _____, 20_____.

Signed by: _____ in his or her individual capacity.

Print Name: _____

Dated at _____, as of this _____ day of _____, 20_____.

Signed by: _____ in his or her individual capacity.

Print Name: _____

Dated at _____, as of this _____ day of _____, 20_____.

Signed by: _____ in his or her individual capacity.

Print Name: _____