



New Account Name Change Address Change File Update Date: _____

Your point of Contact Name at Corteco, Freudenberg or Simrit: _____

| | | |
|-------------------------------------|----------------------|-------------------|
| Exact Trade or Corporate Name _____ | | |
| Physical Address _____ | City _____ | |
| State _____ | Zip Code _____ | Country _____ |
| Billing Address _____ | City _____ | |
| State _____ | Zip Code _____ | Country _____ |
| Telephone # _____ | Fax # _____ | Web Site _____ |
| Dun & Bradstreet # _____ | Federal I.D. # _____ | Sales Tax # _____ |
| Accounts Payable Contact _____ | E-Mail Address _____ | |

| | | | |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------|-------------|
| Have you had an account with Freudenberg before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Under what name: _____ | When? _____ |
| Type of Business: | Legal Description: | Subsidiary of Another Company? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Proprietorship | Name of Parent: _____ | |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Partnership | Parent Dun & Bradstreet Number: _____ | |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Corporation | Have you ever filed Personal or Corporate Bankruptcy? | |
| <input type="checkbox"/> Wholesaler | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ | |
| <input type="checkbox"/> Contractor | | Estimated monthly purchases? _____ | |
| <input type="checkbox"/> Other _____ | | Terms <input type="checkbox"/> C.O.D. <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> NET 30 | |
| If Inc. what State? _____ | | | |

| | | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------|--|
| Trade References – List Major Suppliers First – Preferably located in the United States | | | |
| Name: _____ | Name: _____ | | |
| City, State, Zip: _____ | City, State, Zip: _____ | | |
| Phone#: _____ | Phone: _____ | | |
| Fax #: _____ | Fax #: _____ | | |
| Bank Reference: | | | |
| Bank Name: _____ | Account Number: _____ | Type: _____ | |
| Address: _____ | Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount: \$ _____ | |
| City, State, Zip: _____ | Amount Owing: \$ _____ | | |
| Phone: _____ | <input type="checkbox"/> Secured – By: _____ | <input type="checkbox"/> Unsecured | |
| Account Officer: _____ | Term Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount: \$ _____ | |



List Owners or Officers (With Stockholding Interest of Each)

| | |
|------------------------|------------------------|
| Name | Name |
| Address | Address |
| City, State, Zip | City, State, Zip |
| Home Phone # | Home Phone # |
| Title & % of Ownership | Title & % of Ownership |
| Social Security # | Social Security # |

Credit Agreement – Terms and Conditions

1. Authorization For Credit Review -

Applicant hereby authorizes Freudenberg-NOK General Partnership ("Creditor") to obtain any and all information it deems necessary from any and all sources. Applicant further authorizes each source to supply Creditor such information, as Creditor deems necessary to assist in its consideration of this Credit Application. All decisions with respect to the extension or continuation of credit shall be in the sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion.

2. Payment Terms -

If the total invoice price is not paid in full on or before the due date as stated on the invoice, the Applicant agrees to pay a late charge on the delinquent balance, calculated at the lesser of one and one-half percent (1 1/2 %) per month or the maximum amount allowed by law. If the Applicant does not promptly pay all invoices according to terms, or if Creditor in good faith deems itself insecure because the prospect of payment is impaired, then Creditor, at its option and without notice may declare the entire unpaid balance owed by Applicant under this Agreement to be immediately due and payable.

3. Fees -

Applicant agrees to pay in full all costs and expenses incurred by Creditor in collecting the amounts owed by Applicant under this Agreement, including any and all court costs and attorney fees. Should any dispute result in a trial, Applicant agrees to forgo a jury trial.

4. Change of Ownership -

Applicant must promptly notify Creditor in writing by mail of any change in ownership that would change the party obligated by this debt. Applicant shall be responsible for all changes made to this account until such notice is received by Creditor.

5. Disputed Invoices -

Applicant agrees to immediately review Creditor's invoices. Within thirty (30) days from the date of each invoice Applicant will be required to advise Creditor of any disputed transactions, together with a written statement specifying the reasons for dispute. Failure to notify Creditor of any dispute shall constitute a complete waiver of any and all such disputes.

This Agreement represents the entire Agreement between Applicant & Creditor. A facsimile copy of this Agreement is just as binding as the original thereof.

Will the undersigned be willing to furnish a current audited financial statement?
Yes No

Applicant has read and hereby agrees to the Terms and Conditions listed above.

Company Name

By (Please Type or Print)

Signature

Title Date

The undersigned hereby guarantees to Freudenberg-NOK General Partnership the payment and obligation of this business.

Individual Signature Only Date

Individual Signature Only Date

Witness Date

Please Attach Your Most Recent 12 Month Financial Statement



Date of Statement _____ Date of Fiscal Year End _____ Are figures audited? _____
 If yes name of Auditor/Auditing Firm _____

| ASSETS | \$(USD) | LIABILITIES AND EQUITY | \$(USD) |
|-----------------------------------------|---------|-----------------------------------|---------|
| CASH | | ACCOUNTS PAYABLE | |
| ACCOUNTS RECEIVABLE(NET) | | NOTES PAYABLE | |
| NOTES RECEIVABLE | | LOANS PAYABLE | |
| RAW MATERIAL | | FEDERAL INCOME TAX | |
| WORK IN PROGRESS | | OTHER TAX | |
| FINISHED GOODS | | ACCRUALS | |
| TOTAL INVENTORY | | REAL ESTATE MORTGAGES (CUR) | |
| OTHER _____ | | OTHER _____ | |
| OTHER _____ | | OTHER _____ | |
| TOTAL CURRENT ASSETS | | TOTAL CURRENT LIABILITIES | |
| PREPAID EXPENSES | | LONG TERM DEBT | |
| DUE FROM AFFILIATES | | NOTES PAYABLE | |
| FIXED ASSETS NET OF DEPRECIATION | | REAL ESTATE MORTGAGES | |
| LAND | | OTHER LIABILITIES | |
| BUILDINGS | | OTHER _____ | |
| MACHINERY | | TOTAL LIABILITIES | |
| EQUIPMENT | | CAPITOL STOCK | |
| VEHICLES | | SURPLUS | |
| OTHER ASSETS | | RETAINED EARNINGS | |
| DESCRIPTION _____ | | SHAREHOLDER EQUITY | |
| TOTAL ASSETS | | AMOUNT RECEIVABLES PLEDGED | |
| NET SALES | | AMOUNT INVENTORY LIEN | |
| GROSS PROFITS | | OTHER SECURITY PLEDGED | |
| NET PROFITS | | | |

NOTES AND COMMENTS

I CERTIFY THAT THE FOREGOING INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT

SIGNED _____ DATE _____

TITLE _____



Customer Solvency Verification Form

Solvency Verification - _____
(Name of Company)

We ask that you complete the following and have it certified by an officer of the corporation.

Please complete the following ratios

1. **Quick Ratio** = (Cash + Receivables) / (Current Liabilities)

2. **Current Ratio** = (Current Assets / Current Liabilities)

3. **Current Liabilities to Net Worth** = (Current Liabilities / Net Worth)

4. **Current Liabilities to Inventory** = (Current Liabilities / Inventory)

5. **Total Liabilities to Net Worth** = (Total Liabilities / Net Worth)

6. **Fixed Assets to Net Worth** = (Fixed Assets / Net Worth)

7. **Days Sales Outstanding** = (Accounts Receivable x 365 / Annual Sales)

8. **Inventory Turnover** = (Cost of Goods Sold / Inventory)

Solvency Statement:

I do hereby attest as an officer of _____ (the "Company") that the information provided herein is accurate and reflects the true financial condition of the "Company" as of the date this document is prepared. The "Company" is able to pay their debts as they become due and I am not aware of any condition that would affect the "Company's" ability to remain solvent now or in the future.

Corporate Officer

Printed Name

Title

Date