

Diagnosics Direct, Inc.

117 North Avenue, Youngstown, OH 44502

Tel: (330).746.4807 Fax: (330).746.3909

Email: sales@diagnosticsdirectinc.com Website: www.diagnosticsdirectinc.com

CONFIDENTIAL CREDIT APPLICATION

ALL SECTIONS OF THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE WE CAN GRANT CREDIT.
The following information is given as a basis to establish credit and is complete and accurate.

By signing below you:

- (1) Attest that the information provided is true and accurate;
- (2) Authorize Diagnosics Direct, Inc. to contact any and all trade references and bank.

Name (Please Print) Signature of Applicant Title Date
(Must be an officer of the company)

Diagnosics Direct, Inc. may utilize the following sources of information in order to determine the credit worthiness of our existing and prospective clients:

1. Dunn & Bradstreet, Inc. reports indicating the D&B rating and payment history.
2. Information provided by bank.
3. Trade references listed.
4. Diagnosics Direct, Inc.'s own knowledge of the client and its prior record of payment.

Full Legal Business Name _____
Trade Name / DBA (if any) _____
Address (Complete) _____
Billing Address (If different from above) _____
City _____ State _____ Zip _____ Phone _____ Fax _____
Contact Person _____ Title _____
Associate or Subsidiary Companies _____

Ownership Information

If there are multiple owners, please attach a complete list including the names, titles, and the percentage of ownership. If you have a Parent Company, please list the Parent Company name.

Parent Co Name _____ Parent Co Name _____
Owner/Officer Name _____ Owner/Officer Name _____
Title _____ %Owned _____ Title _____ %Owned _____

Business Registration or Resale Permit Number (Please Attach a Copy) _____
Has your company previously (a) filed bankruptcy? _____ (b) been placed for collection? _____
If Yes, please provide details _____
Duns # (D&B) _____ Federal Tax ID Number (EIN) _____
Company Date of Establishment _____ Number of Employees _____
Annual Sales Revenue _____
Estimated Annual Purchases (cases) _____

Credit Limit Requested \$ _____ Credit Term Requested _____

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Trade References

A minimum of three active trade references, including phone and fax numbers are required.

Company _____ Contact Person name _____
Address _____
Telephone No _____ Fax No _____

Company _____ contact Person name _____
Address _____
Telephone No _____ Fax No _____

Company _____ contact Person name _____
Address _____
Telephone No _____ Fax No _____

Company _____ contact Person name _____
Address _____
Telephone No _____ Fax No _____

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Bank Information

I, _____, hereby authorize _____ to furnish our banking information to Diagnostics Direct, Inc. per below account details: (Bank Name)

Bank Address:			
Telephone Number:		Fax Number:	
Routing ABA Number:			
Beneficiary Name:			

- | | | |
|--|-----------------|--------------------|
| <input type="checkbox"/> Checking | Account # _____ | Date Opened: _____ |
| <input type="checkbox"/> Savings | Account # _____ | Date Opened: _____ |
| <input type="checkbox"/> Line(s) of Credit | Account # _____ | Date Opened: _____ |
| <input type="checkbox"/> Other | Account # _____ | Date Opened: _____ |

Signature

Name, Title

Date

Information below to be provided by your bank

Bank Monthly Average \$ _____

Present \$ _____

Any NSF Checks: Yes No

If yes, how many NSF Checks: Last year _____ This year _____

Date _____

Verified By

(Name)

(Signature of Bank Employee)

(Date)

(Title)

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Guarantee

(must be completed)

The undersigned promises to pay to the order of Diagnostics Direct, Inc. (An Ohio Incorporated Company) doing business at 117 North Avenue, Youngstown, OH 44502, or at other place that any holder of this note may designate in writing, the sum of the value of the invoices issued by Diagnostics Direct, Inc. for the goods delivered by Diagnostics Direct, Inc. to _____ against its bona fide issued purchase orders. The invoices will be issued once the shipment is out less any return received by Diagnostics Direct, Inc. If any invoices are unpaid 10 days after the invoices due date (default date), this constitutes a default under the note. Interest, from "Default Date" (last day of no payment) until paid will be due at the rate of 1.5% per 30 days. Payment is considered made when the check is mailed.

The undersigned waive presentment and demand for payment, protest and notice of non-payment, and we subordinate to any rights you may now or thereafter have against applicant. We consent that you may, without affecting our liability, compromise or release and grant extensions of time of payment of applicant. You may proceed against us without first proceeding against applicant or any security or any other remedy, and we consent to the transfer to you of security by applicant. If this note is placed in an attorney's hands for collection, or collected by a lawsuit or through a bankruptcy, or probate, or any other court, either before or after maturity, we agree to pay all attorney fees in the event collection becomes necessary.

This guarantee shall not be discharged or effected by death of any of the undersigned and shall bind our respective heirs, administrators, representatives, successors and assignees. This is a continuing guarantee and shall remain in full force and effect until written revocation is received by you. Such revocation shall only affect indebtedness thereafter incurred and shall only affect the person giving said notice. Failure to pay any part of the principal or interest of this note when due, or failure to carry out any of the terms, covenants, shall authorize the holder of this note to declare as immediately due and payable the then-unpaid principal and to exercise any and all of the right and remedies provide by the Ohio law as well as all other rights and remedies either at law or in equity possessed by the holder of this note.

The markers, signers, and endorsers of this note jointly and severally waive presentment.

Guarantor Signature* _____ Date _____
Driver's License No** _____ Social Security Number _____
_____ Print Name _____ Title _____

*Guarantor must hold ownership of the company.

** Please provide a copy of Driver's License or Valid ID.