



10639 Riverside Drive, North Hollywood, CA 91602 USA
 PHONE: (818) 980-9891 CREDIT FAX: (818) 980-7386
 E-MAIL: jaman@locationsound.com

Please note that establishing a credit rating may take up to 10 days from the receipt of this application. Incomplete information will delay the process further. Should this time period conflict with your desired delivery schedule, shipments may have to be sent C.O.D. or paid by credit card.

CREDIT APPLICATION

Please print legibly or type all information.

BILL TO ADDRESS

TRADE NAME OF BUSINESS _____

ADDRESS _____

ACCOUNTS PAYABLE CONTACT PERSON _____

PHONE NUMBER _____

FAX NUMBER _____

SHIP TO ADDRESS (IF DIFFERENT)

TRADE NAME OF BUSINESS _____

ADDRESS _____

CONTACT PERSON _____

E-MAIL _____

SHIPPER ACCT. NO. _____

BUSINESS FACTS

PROPRIETORSHIP PARTNERSHIP CORPORATION LLC FEDERAL TAX I.D. NO. _____

LENGTH OF TIME IN BUSINESS _____ SUB-DIVISION OF _____

LIST BELOW THE NAMES AND ADDRESSES OF THE INDIVIDUAL OWNER(S), PARTNERS, OFFICERS, OR PRINCIPALS.

NAME _____ TITLE _____

ADDRESS, CITY, STATE, ZIP _____

NAME _____ TITLE _____

ADDRESS, CITY, STATE, ZIP _____

NAME _____ TITLE _____

ADDRESS, CITY, STATE, ZIP _____

NAME _____ TITLE _____

ADDRESS, CITY, STATE, ZIP _____

PURCHASE ORDER REQUIREMENTS

LIST BELOW THE NAMES OF AUTHORIZED USERS ON THIS ACCOUNT: PURCHASE ORDER NO. REQUIRED? YES NO

1. _____ 3. _____

2. _____ 4. _____

BANKING INFORMATION

BANK NAME _____ BANK OFFICER NAME _____

BRANCH ADDRESS, CITY, STATE, ZIP _____

PHONE _____ FAX _____

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

LOAN NUMBER _____ TYPE OF LOAN _____

FOR LSC USE ONLY

CUSTOMER ID/# _____ DATE RECEIVED _____ DATE COMPLETED _____

CREDIT TERMS _____ CREDIT LIMIT _____ APPROVED/DENIED BY _____

TRADE REFERENCES - OPEN ACCOUNTS (OTHER THAN CREDIT CARD COMPANIES)

NAME _____ PHONE _____ FAX _____ (IMPORTANT)

CONTACT _____ ACCOUNT NO. _____

ADDRESS, CITY, STATE, ZIP _____

NAME _____ PHONE _____ FAX _____ (IMPORTANT)

CONTACT _____ ACCOUNT NO. _____

ADDRESS, CITY, STATE, ZIP _____

NAME _____ PHONE _____ FAX _____ (IMPORTANT)

CONTACT _____ ACCOUNT NO. _____

ADDRESS, CITY, STATE, ZIP _____

NAME _____ PHONE _____ FAX _____ (IMPORTANT)

CONTACT _____ ACCOUNT NO. _____

ADDRESS, CITY, STATE, ZIP _____

For the purpose of obtaining Open Account Credit, I (we) state the above information is true and correct, and authorize Location Sound Corporation to verify any information submitted.

The Parties hereby agree that all purchases are subject to the following terms and conditions:

Payments are to be sent to **Location Sound Corporation, 10639 Riverside Drive, North Hollywood, CA, 91602** in accordance with Credit Terms that are granted. I (we) agree to pay Finance Payments of 1 1/2% per month, annual percentage rate of 18%, on any amounts past due 30 days, with no further credit given while the account is delinquent. Customers whose balance exceeds 60 days past due may be placed on credit hold and reevaluated. Finance Charges shall be added at the end of each and every month. Finance Charges shall accrue on said increased principal at the above stated rate. I (we) further agree to pay any and all attorney's fees and all other costs which may be incurred in the enforcement of Credit Terms. I (we) further agree to 30 days written notice prior to any change in ownership.

I (we) understand returned checks will result in a \$10.00 assessment which must be paid immediately. Location Sound Corporation shall have the right to demand payment of the returned check(s) in CASH or CERTIFIED FUNDS or MONEY ORDER within forty-eight (48) hours.

CUSTOMER SIGNATURE

CREDIT LIMIT REQUESTED _____

DATE _____ SIGNED BY _____ TITLE _____

DATE _____ SIGNED BY _____ TITLE _____

INDIVIDUAL GUARANTEE

To: Location Sound Corporation and your agent and/or assignee.

For the value received, the receipt of which is hereby acknowledged, and in consideration of your advancing credit to

(COMPANY NAME) _____ (DEBTOR)

I/we, _____ the aforementioned and undersigned, hereby personally guarantee the prompt payment to you of all amounts now due and owing or which may hereafter become due and owing to you from said debtor entity. Each of the undersigned agrees that the liability for all sums guaranteed shall be a joint and several one. Liability of the undersigned shall not be affected or prejudiced by the additional acceptance of a note or evidence of indebtedness, the extension of time, payment arrangement or other indulgence granted to debtor, or by agreement affecting said indebtedness, and the undersigned hereby waives notice of all of the aforesaid. The filing suit or exhaustion of collection or legal remedies against said debtor shall not be a condition precedent to the enforcement of this guarantee and the undersigned hereby expressly waive(s) demand, presentment for payment, protest, notice of protest or diligence. This guarantee shall continue until you have received a notice of termination executed by the undersigned. Should the undersigned elect to terminate this guarantee such termination shall not affect the liability of the undersigned as to accounts and amounts then owing from said debtor. In the event that suit is instituted on this guarantee, the undersigned hereby agrees to pay all Court costs and such additional sum as the Court may deem reasonable as Attorney's fees. Guarantors agree that this Guarantee is made, entered into, and payable at 10639 Riverside Drive, North Hollywood, CA, 91602. Guarantors further agree that liability under this Guarantee shall continue notwithstanding the filing of any petition by the Debtor under any provision of the Bankruptcy Act.

EXECUTED AT _____ DATE _____ (CITY, COUNTY)

ACCEPTED SIGNATURE _____ SOC. SEC. NO. _____

ACCEPTED SIGNATURE _____ SOC. SEC. NO. _____

WITNESS _____

PLEASE FORWARD TO THIS LSC REP: _____