

# **PRO-STAT INC.**

MEDICAL DENTAL FOOD SERVICE INDUSTRIAL SAFETY SUPPLIES

285 Pierce Street NJ 08873 Office: (732) 805-9400 Somerset, Fax: (732) 805-9401 www.emeraldppp.com

### **NEW ACCOUNT APPLICATION**

Corporate Name:		Email Address:			
Trade Name:		Federal ID#:			
Bill to Name:					
Address:					
City:	State:		Zip Code:		
Phone:	Fax:		Toll Free:		
Ship to Name:					
Address:					
City:	State:		Zip Code:		
Phone:	Fax:		Toll Free:		
TYPE OF BUSINESS (Please check one)					
Corporation	Partnership		Sole Proprietorship		
BUSINESS CLASSIFICATION (Please circle the most appropriate classification)					
Automotive Dealer	Retail Store		Paper Distributor		
Janitorial/Sanitation Dealer	Restaurant Equipment Supply		Food Service Distributor		
Beauty Distributor	Dental Distributor		Industrial/Safety Distributor		
Medical Distributor	Municipal				

#### **OWNERS INFORMATION**

<u> </u>						
Owner 1:		Social Security #:				
Street Address:						
City:	State:			Zip Code:		
Phone:						
Owner 2:		Social Security #:				
Street Address:						
City:	State:			Zip Code:		
Phone:						
Length of Time in this Busine	ess:					
Previous employment if less than 2 years:						
Is property owned or leased?						
Name & Address of mortgage holder/Lessor						
Name other businesses owned:						
Have you purchased from Emerald/Pro-Stat previously? Y N						
If yes, under what name?						
Sales Tax Exempt #:			tate:		Zip Code:	
Line of Credit Requested:			Terms:			
Anticipated monthly purchases:						

Bank Name:		Acc	Account Number:			
Street Address:						
City: S		State:	ate:		Zip Code:	
Bank Officer:						
Phone:	Type of	Type of Account:				
GENERAL						
Parent Company/Natio	nal Acct Affiliation	on:				
Corporate Owned:			Franchise	:		
Central Payment Office	;: -					
Address:						
City:			State:		Zip Code:	
Phone:	Fax:		Toll		Free:	
charges.  by make application for credit to PRO-S  NET 30 DAYS but may be modified on  ks returned from our bank unpaid for a  per month or the maximum rate allowed  g attorney's fees of 25% of any claim. It  give written notice to PROSTAT/EME  remain fully liable for any unpaid mer  to revoke credit extended at any time a	STAT/EMERALD. If cred an an individual basis at the any reason. Additionally, d by law. Should legal act We agree not to transfer of ERALD. prior to the sale of the chandise received by the and for any reason it deem and PRO+STAT and the custon is the custon in the cu	it is granted, we e sole discretion we understand tion be taken to so assign this agor transfer of all buyer or transfer s valid. The bustomer shall be estomer shall be	e agree to pay all be of PRO-STAT/E that a service chasecure payment for reement without or substantially all eree of the businessiness relationship	bills with MERAL arge macor mercon the prior t	thin the stated terms of sale. Normal involution the stated terms of sale. Normal involution. We agree to pay a service charge of say be assessed on any unpaid balance in an analysis of the service charge of the service charge of says assessed on any unpaid balance in an analysis or written consent of PRO-STAT/EMERALD or assets of our business. If we fail to do understand that PRO-STAT/EMERALD ten PRO-STAT and the customer shall be go or Federal courts of competent jurisdict.	
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New Jersey. By signing this application ormation is given in confidence for the de and financial sources which are de		_				

NOTARY

DATE

#### **PERSONAL GUARANTY**

	nd of all liabilitie	ed hereby personally guarantees, absolutely, unconditionally and irrevocably, s, indebtedness and obligations, whether now existing or hereafter arising, of the "Debtor"), its successors and assigns, to PROSTAT/EMERALD., its
subsidiaries, and their res		rs and assigns (the "indebtedness").
proceedings for collection or any other person or e modification, release or d in the form of the indebte substitution or addition of indebtedness outstanding	n of any nature a entity. The liabil ischarge of any of dness, or by any of any other guard g at any time are	-STAT/EMERALD. without prior resort to any demands, possessory remedies or gainst the debtor or any other person or entity, or any property of the debtor ity of the undersigned shall not be affected by any extension, compromise, the indebtedness, whether by operation of law or otherwise, or by any change modification of the terms of sale made by the parties thereto, or by the release, antor of the indebtedness. Notice of the acceptance of this Guaranty, and the expressly waived. Nothing in this Guaranty shall in any way diminish or alter O-STAT/EMERALD. against debtor.
		filed under the bankruptcy code by or against debtor, the undersigned waives any claim may claim against the undersigned by PRO-STAT/EMERALD. under this Guaranty.
		o recover from the undersigned all costs incurred in connection with the ut not limited to attorney's fees of 25% of the outstanding claim.
applicable law. If any p	rovision hereof s of such prohibit	uaranty shall be interpreted in such a manner as to be effective and valid under shall be prohibited by or be invalid under such law, such provision shall be ion of invalidity, without invalidating the remainder of such provision or the
In the event this Guarant severally liable under this	-	nore than one person or entity, each of the undersigned shall be jointly and
Dated this	day of	,20
Signature of Guaranto (Please do not reference corpor		e)
Notary:		
Signature of Co-Guara	antor, where a	pplicable*:
Notary:		

<sup>\*</sup>Co-Guarantor is the primary co-owner of Guarantor's personal assets, if any.

## Please List Three (3) Trade References

1. Company Name:				
Address:				
City:	State:		Zip Code:	
Phone:	Fax:		Email:	
Contact:	Terms of S		ale:	
2. Company Name:				
Address:				
City:	State:		Zip Code:	
Phone:	Fax:		Email:	
Contact:		Terms of Sale:		
3. Company Name:				
Address:				
City:	State:		Zip Code:	
Phone:	Fax:		Email:	
Contact:		Terms of	Terms of Sale:	