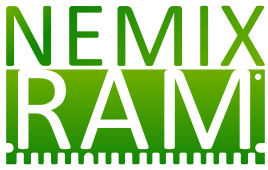

CREDIT APPLICATION

Company Name:

Federal Tax ID #:

Telephone #:

Address:

City, State, Zip:

Purchasing eMail:

Purchasing Contact Name:

Accounts Payable Contact Name:

Accounts Payable Contact / Phone:

Company Website:

Company is a: ◯ Corporation ◯ Partnership Years in Business: ◯ Sole Proprietor ◯ LLC

Name(s) of Owners: (If corporation, name and title of officers)

Name: Title: Name: Title:

Bank Name:

Bank Account #:

Bank Contact & Phone:

Trade References: (Firms from whom you are currently purchasing on open account)

1. Company Name: Contact:

Address: City, State & Zip:

Phone #: eMail or Fax #

2. Company Name: Contact:

Address: City, State & Zip:

Phone #: eMail or Fax #:

3. Company Name: Contact:

Address: City, State & Zip:

Phone #: eMail or Fax #:

Credit terms are explained on the “Terms & Conditions of Sale” page for NEMIX CORP. In the event it becomes necessary to place this account for collection, applicant agrees to pay the full balance due plus all accrued late charges, collection costs, attorney fees, and/or court costs incurred by NEMIX CORP (“Seller”). Orders will not be released for shipping without a signed credit application and order acknowledgement on file. By the signature below, we authorize all trade references, banks and credit reporting agencies to disclose to NEMIX RAM any and all information concerning the financial and credit history of my company and myself.

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling: _____ that the tangible personal property herein which I shall purchase from: _____ will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price property or other authorized amount.

Signature of Authorized Officer, Owner, or Partner_____

Please print name clearly_____ Date: _____

Please email this completed form along with a valid Resale Certification to susan@nemixram.com