

To Whom It May Concern:

All of us at Rapid Cure Technologies (RCT), including our partners and affiliates, thank you for the opportunity to become a trusted and reliable vendor. We are excited to serve you as our new customer. In order to provide you with the best possible service, we have started a customary credit file for your company.

The following is RCT's Credit Application form. Please note that the application must be signed by an authorized representative of the company. Please fax or email the completed form to the RCT contact below:

Tim Shaughnessy
Email: tim@rapidcuretechnologies.com
Fax: (888)-847-3610

If your company has a standard credit form in place that would be preferable to utilize, your form may be used provided it lists 3 trade references, a bank reference, account numbers, and includes contact information (phone number, email, fax number, etc.) for these references. Please complete the top portion of our credit application form along with the signature page and return it to the contact listed above.

Thank you for your interest in the products and services of Rapid Cure Technologies. Rest assured, any information you provide to us will be treated as confidential.

Sincerely,

Rapid Cure Technologies, Inc. Credit Department

CREDIT APPLICATION

Date of Application: _____

Legal Name of Company: _____

DBA (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

Accounts Payable Contact: _____

E-mail Address: _____

() Corporation () Partnership () Sales Tax Resale # _____

***COPY OF CERTIFICATE REQUIRED**

Date Operation Commenced: _____ Owned/Leased Expiration Date: _____

Dun & Bradstreet #: _____

List Three Major Suppliers:

1)
Name: _____

Address: _____ City: _____ State: _____

Contact: _____ Telephone: _____

Fax: _____ Email: _____

2)
Name: _____

Address: _____ City: _____ State: _____

Contact: _____ Telephone: _____

Fax: _____ Email: _____

3)

Name: _____

Address: _____ City: _____ State: _____

Contact: _____ Telephone: _____

Fax: _____ Email: _____

Banking Information:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone: _____

Fax: _____ Email: _____

Account # Checking: _____

Please note:

- A copy of your company's tax certificate is required.
- A copy of your company's latest audited financial statement is requested for our review.

Please note our terms:

- Standard terms are net 30 days if approved for an account, unless otherwise specified in writing.
- Compliance of credit terms is required.

Certification:

I certify that the information provided is true and correct. Our company can and will comply with the terms and conditions of such credit as RCT extends. Should you require authorization for release of my credit information from references provided, you may accept my signature for release of same.

Signature: _____ Title: _____

Please fax or email the completed form to:

Tim Shaughnessy

Email: tim@rapidcuretechnologies.com

Fax: (888)-847-3610