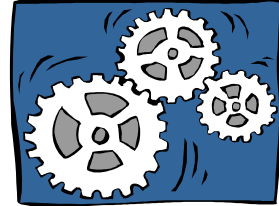


MDS OF MICHIGAN INC.

2336 Wilshere Dr.
Jenison, MI 49428
Phone # 616-669-0600
Fax # 616-669-0646

www.mdsfmi.com



CREDIT APPLICATION

Company Name: _____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

Corporation: _____ Partnership: _____ Sole Proprietor: _____

Year Business Established: _____

Officer/Owner: _____ Title: _____

BANK REFERENCE

Name of Bank: _____

Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

Account No. _____ Fax: _____

TRADE REFERENCES

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Contact: _____ Account No. _____

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Contact: _____ Account No. _____

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Contact: _____ Account No. _____

We certify that the above information is correct and that we fully understand your credit terms and A/R policy and agree to the proper payment in consideration of extended credit. In addition, if MDS of Michigan, Inc. must go to the extreme of sending our account out for collection, the customer agrees to pay all costs, including reasonable attorney and collection fees incurred in the collection of any unpaid amount.

Authorized Signature

Title

Date