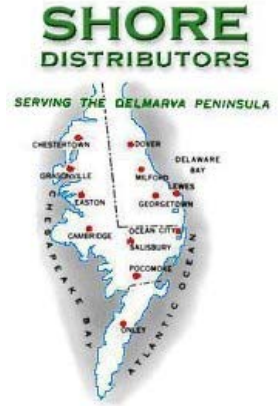


**BUSINESS INFORMATION REPORT**



**Upon Completion please forward to:**

Mail: Shore Distributors  
 Attn: Dee Leonard  
 P.O. Box 2017  
 Salisbury, Maryland 21802-2017

Date: \_\_\_\_\_

Fax to Attention of: Dee Leonard: 410-749-6081  
 Email: dleonard@shoredist.com

The following information is submitted for your consideration as a basis for the extension of credit to us:

The name of your business is: \_\_\_\_\_

The address of your business is: \_\_\_\_\_

The business phone: \_\_\_\_\_ Fax# \_\_\_\_\_

We operate \_\_\_\_\_ we have been established \_\_\_\_\_ years  
(STATE TYPE & NATURE OF BUSINESS)

Type of business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individually owned \_\_\_\_\_

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

We bank at \_\_\_\_\_

Location and value of real estate owned \_\_\_\_\_

Real estate held in following names \_\_\_\_\_

Amount owned on real estate \_\_\_\_\_

We expect our monthly credit requirements from you to be about \$ \_\_\_\_\_

You may refer to our principal sources of credit listed below:

Name	Address	City	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I understand that invoices are due for discount on 10<sup>th</sup> prox with the net amount due on the 30<sup>th</sup> following. Any charges older than 30 days will be past due, and subject to 2% service charges.

\_\_\_\_\_ Owner: \_\_\_\_\_

WITNESS Social Security #: \_\_\_\_\_

Co-Owner \_\_\_\_\_

Social Security#: \_\_\_\_\_

**GUARANTY**

Shore Distributors, Inc.  
P.O. Box 2017  
Salisbury, Maryland 21802

Gentlemen:

In order to induce you to extend credit to \_\_\_\_\_ (hereinafter referred to as "obligator"), and whether such credit be extended on open or by acceptance of notes, trade acceptances, trust receipts, or other evidences or indebtedness, each of the undersigned does hereby jointly and severally guarantee to you the prompt and unconditional payment of any and every indebtedness, liability, or obligation or Obligor which are now or may hereafter become due to you and/or your successors, transferees or assigns from the aforesaid Obligor and whether the same represent credit extended on open account or by acceptance of notes, trade acceptances, trust receipts or other evidences of indebtedness.

Each of us consents that without notice or further assents by us, or either of us, the obligation(s) to you or Obligor, or any of the, for the liabilities herein guaranteed, may be renewed, extended, modified, prematured or released, as you may deem advisable, without relieving us and each of us of liability hereunder which shall remain absolute and unconditional. You may release each or any of us in your absolute discretion. Any such release or waiver shall be deemed given only to the extent of the actual consideration received by SHORE DISTRIBUTORS, INC. and the other signatories hereto shall remain jointly and severally liable for the full balance of payments and/or liabilities then due and owing.

Each of us promises to pay to you or your successors or assigns the actual costs and expenses of any legal proceedings to collect any amount due under the Guaranty plus attorney's fees of 15% of the amount due hereunder.

Each of us does hereby waive any and all notice of the acceptance of this guaranty of payment, and any and every obligation or liability of the said Obligor to you, herein described, shall conclusively be presumed to have been created, contracted or incurred in reliance upon this guaranty, and all dealings between said Obligor and your company shall likewise be presumed to be in reliance upon this guaranty.

This agreement shall, without further references, pass to and may be relied upon and enforced by any successor or assignee of your Company, and by any transferee from you or subsequent holder of any of the liabilities, obligations or commercial paper of said Obligor.

IN WITNESS WHEREOF, each of us has hereunto set his hand and seal in the City of

\_\_\_\_\_ State of \_\_\_\_\_, on this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ L.S.

\_\_\_\_\_ L.S.

\_\_\_\_\_ L.S.

\_\_\_\_\_ L.S.

\_\_\_\_\_  
WITNESS