

FOR MERCHANT USE ONLY (Validation of Customer I.D.)			VERIFIED BY	KEY#
MERCHANT #	ACCOUNT #		AMOUNT OF INITIAL TRANSACTION	
APPLICANT 1ST ID TYPE/NUMBER	EXP DATE	APPLICANT 2ND (CREDIT CARD ISSUER & TYPE)		EXP DATE
CO-APPLICANT 1ST ID TYPE/NUMBER	EXP DATE	APPLICANT SIGNATURE MATCH	YES NO	APPLICANT PHOTOGRAPH MATCH YES NO
SALES PERSON	MERCHANT PHONE #	MERCHANT FAX #		

BUSINESS REVOLVING CREDIT ACCOUNT APPLICATION

HOME SOURCE BUSINESS

V H

Amount Requested \$_____

If you are applying for an amount greater than \$20,000, please attach company financial statement for previous 2 years and complete copy of 1040 income tax return for all owners for the past (2) years as well as a current personal financial statement for all owners. GE Capital Financial Inc. reserves the right to request additional information prior to approving any credit facility.

A credit service of
GE Capital Financial Inc.

Applicant: Please read the following before completing this form: 1) The Business named below and the Personal Guarantor(s) (collectively "Applicant", "you" or "your") represent that the information given in this Application is complete and accurate and authorizes GE Capital Financial Inc. ("we", "us" or "our") to check with credit reporting agencies, credit references and other sources we deem appropriate in investigating the information given. 2) Applicant requests a Credit Card if it is our practice to provide one. 3) The Authorized Representative who will sign the Application must be a proprietor, general partner or an officer of the Business with authority to enter into contractual agreements. 4) The Personal Guaranty Information section must be completed by all Applicants. 5) **PLEASE READ THE ATTACHED AGREEMENT AND SIGN BELOW BEFORE SUBMITTING YOUR APPLICATION. PLEASE NOTE: IF THIS APPLICATION IS NOT COMPLETELY FILLED OUT, THERE COULD BE A DELAY IN PROCESSING THE APPLICATION.**

BUSINESS INFORMATION	Business Gross Sales: \$_____ for fiscal year ending_____			
BUSINESS LEGAL NAME	TYPE OF BUSINESS	TIME IN BUSINESS _____ YEARS _____ MONTHS	FEDERAL ID NUMBER	
MAILING ADDRESS*	CITY	STATE	ZIP	BUSINESS PHONE NUMBER ()
*If the above address is a PO Box, you must provide a street address or a contact person.				<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?
CONTACT PERSON NAME	BUSINESS ADDRESS (Street Name and Number)	CITY	STATE	ZIP
FORM OF OWNERSHIP				CELL/OTHER PHONE WHERE WE MAY CALL YOU
<input type="checkbox"/> C- CORP <input type="checkbox"/> GENERAL PARTNER <input type="checkbox"/> LIMITED LIABILITY <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> S- CORP				
BUSINESS FINANCIAL INFORMATION PREPARED BY:				AVERAGE BUSINESS CHECKING ACCOUNT BALANCE
<input type="checkbox"/> CPA <input type="checkbox"/> SELF <input type="checkbox"/> OTHER _____				\$ _____

PERSONAL GUARANTY INFORMATION

PERSONAL GUARANTY: IN CONSIDERATION OF GE CAPITAL FINANCIAL INC. ("GECF"), OR ANY ASSIGNEE FINANCING PURCHASES BY OR ON BEHALF OF BUSINESS, THE UNDERSIGNED GUARANTOR HEREBY AGREES TO UNCONDITIONALLY, ABSOLUTELY AND IRREVOCABLY PERSONALLY GUARANTEE PAYMENT OF ALL AMOUNTS DUE UNDER, AND THE PERFORMANCE UNDER THE TERMS OF, THE PREFERRED CUSTOMER BUSINESS REVOLVING CREDIT ACCOUNT AGREEMENT ("AGREEMENT") AS AMENDED FROM TIME TO TIME. GUARANTOR FURTHER AGREES TO PAY THE TOTAL BALANCE DUE ON THE ACCOUNT OPENED PURSUANT TO THE AGREEMENT UPON DEMAND WITHOUT REQUIRING GECF OR ANY ASSIGNEE TO PROCEED FIRST TO ENFORCE PAYMENT AGAINST BUSINESS. IN THE EVENT OF ANY DEFAULT UNDER THE AGREEMENT GUARANTOR HEREBY WAIVES ANY AND ALL NOTICES REGARDING THE AGREEMENT OR THIS GUARANTY, AND AGREES THAT THIS GUARANTY SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL THE AGREEMENT HAS TERMINATED AND ALL AMOUNTS DUE THEREUNDER SHALL HAVE BEEN PAID IN FULL. GUARANTOR AGREES THAT IN THE EVENT THAT THE ACCOUNT IS NOT PAID AS AGREED, GECF OR ANY ASSIGNEE MAY REPORT THE UNDERSIGNED'S LIABILITY FOR AND THE STATUS OF THE ACCOUNT TO CREDIT BUREAUS AND OTHERS WHO MAY LAWFULLY RECEIVE SUCH INFORMATION. GUARANTOR GIVES GECF AND ANY ASSIGNEE PERMISSION TO REQUEST INFORMATION FROM GUARANTOR AND TO MAKE WHAT EVER INQUIRIES GECF OR ANY ASSIGNEE CONSIDERS NECESSARY AND APPROPRIATE(INCLUDING REQUESTING A CONSUMER REPORT FROM CONSUMER REPORTING AGENCIES) IN EVALUATING THIS APPLICATION AND FOR ANY LAWFUL PURPOSE INCLUDING ANY UPDATES RENEWALS, EXTENSIONS, CREDIT REVIEWS OR COLLECTION OF THE ACCOUNT. IF GUARANTOR REQUESTS, GUARANTOR WILL BE INFORMED WHETHER ANY CREDIT REPORT WAS REQUESTED, AND IF SO, THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY FURNISHING THIS REPORT. YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE ATTACHED AGREEMENT AND THAT YOU MAY REQUEST A PERSONAL COPY OF THE AGREEMENT AT ANY TIME. PERSONAL CREDIT OF GUARANTOR MAY BE USED IN MAKING A CREDIT DECISION. DIRECT INQUIRES OF EMPLOYERS AND BUSINESSES WHERE GUARANTOR MAINTAINS ACCOUNTS MAY BE MADE. GUARANTOR MAY BE USED IN MAKING A CREDIT DECISION. DIRECT INQUIRIES OF EMPLOYERS AND BUSINESSES WHERE GUARANTOR MAINTAINS ACCOUNTS MAY BE MADE.

PRINCIPAL INFORMATION/ PERSONAL GUARANTOR #1 (Must list all principals who own 20% or more)					
NAME (First-Middle-Last) PLEASE PRINT	TITLE	DATE OF BIRTH	SOCIAL SECURITY NO.		
PRESENT ADDRESS (if different than business address)	CITY	STATE	ZIP	PERSONAL NET WORTH	HOME PHONE NUMBER
				\$ _____	()
RESIDENCE	PERSONAL INCOME	PERCENT OF OWNERSHIP	NEAREST LIVING RELATIVE	NEAREST LIVING RELATIVE PHONE NO.	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	\$ _____ /YR.	%		()	

PRINCIPAL INFORMATION/ PERSONAL GUARANTOR #2 (Must list all principals who own 20% or more)					
NAME (First-Middle-Last) PLEASE PRINT	TITLE	DATE OF BIRTH	SOCIAL SECURITY NO.		
PRESENT ADDRESS (if different than business address)	CITY	STATE	ZIP	PERSONAL NET WORTH	HOME PHONE NUMBER
				\$ _____	()
RESIDENCE	PERSONAL INCOME	PERCENT OF OWNERSHIP	NEAREST LIVING RELATIVE	NEAREST LIVING RELATIVE PHONE NO.	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	\$ _____ /YR.	%		()	

By signing below on behalf of Business you represent that Business is a valid business entity in good standing under the laws of the jurisdiction of its organization, or a qualified religious, educational or other non-profit entity, or a governmental agency or instrumentality; that all purchases made on this Account, if approved, will be for other than personal, family, or household or, in WI, agricultural use; and that Business has authorized (i) the execution of the Application/Agreement, and (ii) you to execute the Application/Agreement on its behalf. On behalf of Business, you certify that all information provided in this Application is complete and accurate, you agree to be bound by the terms of the Preferred Customer Business Revolving Credit Account Agreement, and you authorize us to obtain information about you personally (whether or not you have personally guaranteed the Account) and Business and to make whatever inquiries we consider necessary and appropriate (including requesting a consumer report from consumer reporting agencies) in evaluating this Application and subsequently for any lawful purposes including any updates, renewals, or extensions of credit granted as a result of this Application or in reviewing or collecting the furnishing this report. You also understand that credit on this Account, once approved, will be extended by GE Capital Financial Inc. ("GECF"), Salt Lake City, UT, and that there is no binding contract between us until GECF approves and accepts this Agreement. The undersigned acknowledges receipt of a copy of the Preferred Customer Business Revolving Credit Account Agreement.

NOTICE TO BUYER: (1) DO NOT SIGN THIS APPLICATION/AGREEMENT BEFORE YOU READ IT OR IF ANY SPACES INTENDED FOR THE AGREED TERMS ARE LEFT BLANK. (2) YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THE GOVERNING BUSINESS REVOLVING CREDIT ACCOUNT AGREEMENT.

Federal law requires us to obtain, verify, and record information that identifies you when you open an ACCOUNT. We will use your name, address, date of birth, and other information for this purpose.

SIGN BOTH (Required)

NEBRASKA PERSONAL GUARANTORS: Do not sign without signing additional notice.

Signature of Principal/Personal Guarantor #1

Signature of Principal/Personal Guarantor #2

X _____
(Please Do Not Print) Individually Date

X _____
Individually Date

The undersigned hereby certifies that he/she is authorized by the above stated entity to sign this application and to bind the above entity to all the terms and conditions as set forth in the Agreement.

Company Complete Legal Name _____

By: X _____
Signature of Authorized Representative Title Date

DE, HI, MD, MA, AND NC APPLICANTS: Finance charges will be imposed in amounts or at rates not in excess of those permitted by law. Service charges not in excess of those permitted by law will be charged on outstanding balances from month to month. The amounts of finance charges and fees, as well as the date or occasion upon which finance charges or fees may begin to accrue, are as disclosed in the Agreement.

- Please:
- Fax to: (865) 688-8254 Attn: Credit Manager
 - Return this Credit Card Application to the participating Home Source store, or
 - Mail to: National Business Credit Department, P.O. Box 8817, Dayton, Ohio 45482-9940

190-176-00 Rev. 8/01/03

To find out about changes in the attached Agreement, write to us at P.O. Box 276, Dayton, OH 45401-0276

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