



ARUVIL INTERNATIONAL INC.

185 Madison Ave., Suite 1600
New York, New York 10016

TEL. (212) 447-5020
FAX: (212) 685-0547

CONFIDENTIAL CREDIT APPLICATION AND AGREEMENT

We at Aruvil International, Inc. appreciate the opportunity of serving you and are positive that our merchandise will surpass your expectations. To begin purchases on an open account, we request that you provide us with the following information. We are always honored to enter into an agreement to provide our customers open account privileges on approved credit and seek your cooperation in making payments as they mature. All information supplied will be confidential.

Company Name _____ Tel No. _____
DBA's (if applicable) _____ Fax No. _____
Street Address _____ P.O Box _____
City _____ State _____ Zip Code _____
Type of Organization _____
Corporation – Federal ID # _____ Sole Proprietorship _____ Partnership _____

Officers / Partners / Owners

Name	Title	SSN	Home Address	Home Phone

Has any Officer / Partner / Owner ever declared bankruptcy? _____ If so, When? _____
Person to contact for payment _____
Name & Address of Bank _____
Telephone No./ Fax No. & Bank Account No. _____/_____/_____
Years in Operation _____ Do you own Business Property? _____ Estimated value \$ _____
Do you have a business loan? _____ Loan ID No. _____
Are your assets pledged as security? _____ If so, to whom? _____

CREDIT REFERENCES

Name	Address	Tel. No.	Fax No.	Acct. No.

Terms and Conditions of Credits: Terms are net 30 days. A late fee will be assessed against any past due balance at the rate of 1-1½% per month. The customer agrees to pay all NSF check fees, collections cost of attempting to collect delinquent payments, including attorney fees and court expenses. The parties agree that the jurisdiction for any default under the terms of this credit agreement will be in the Superior Court of New Jersey and the agreement and contracts between the parties will be construed under the laws of the State of New Jersey.

Name of person completing application (Print Please) _____
Signature _____ Position _____ Date _____



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GUARANTY

We _____, (*print first and last name here*) (herein called "Guarantor") unconditionally guarantee to ARUVIL INTERNATIONAL, INC. (herein called "Aruvil" of all obligations of _____ (*print company name here*) (herein called the "Customer") to Aruvil. The word "Obligations" is used in its most comprehensive sense and includes any and all advances, debts indebtedness, liabilities of the Customer now, heretofore, or hereafter made, incurred or created, which are incurred or irrevocably committed prior to the actual receipt by Aruvil of written notice of my death or legal incapability, revocation, death or legal incapability, shall not affect Aruvil's rights prior to its receipt of written notice thereof.

We authorize Aruvil, without notice or demand and without affecting my liability hereunder, from time to time to (a) renew, extend, accelerate or otherwise change the terms of the obligations or any part thereof, including increase or decrease of the rate of interest thereon; (b) take and hold security for the payment of the obligations, and exchange, enforce, waive, and release any such security; (c) apply such security and direct the order or manner of sale thereof as Aruvil in its discretion may determine; and (d) release or substitute any one or more endorsers or guarantors of the obligations, Aruvil may without any notice assign this guaranty in whole or in whole or in part.

We waive all presentment, demands for performance, notice of nonperformance, protests, notice of protests, notices of dishonor, and notices of acceptance of this guaranty and of the existence, creation, or incurring of new or additional obligations, or notices of any change in the credit risk.

I promise to pay a reasonable attorney's fee if Aruvil engages an attorney with respect to enforcement of Aruvil's rights hereunder or if suit is brought on this guaranty.

This guaranty shall incur to benefit of Aruvil and its successors and assigns and shall be binding upon me and my executor(s), administrator(s), and/or other legal representative(s). If this guaranty is signed by one or more person it shall be joint and several obligations of said persons.

The parties agree that the jurisdiction for any default under the terms of this credit agreement will be in the Superior Court of New Jersey and the agreement and contracts between the parties will be construed under the laws of the State of New Jersey.

Witness my hand this _____ day of _____ 20 _____

Signature _____

Spouse Signature _____

Residence Address _____

Social Security Number _____

5 70

CREDIT AUTHORIZATION

I _____ Owner/President of _____
Duly authorize _____ Bank to release credit information on my account
number _____, to ARUVIL INTERNATIONAL INC,

Owner/President

Date



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1. Name of person authorizing or providing consent:

2. Company/Organization:

3. Telephone Number:

4. E-mail(s) for which consent is being authorized/provided (list all email addresses that can be used):

5. Fax Number:

I understand that by authorizing/providing the email addresses / fax number/s, I consent to receipt of commercial communications sent by or on behalf of Aruvil International Inc. and Aruvil International Inc. will not share my email address / fax number/s with other organizations. This consent remains in effect until specifically terminated in writing by an authorized person.

Name: (print clearly)

Signature:

Date:

RETURN TO:

Aruvil International, Inc.

185 Madison Avenue, Suite 1600

New York, NY 10016

or

Fax: (212) 447-9812