KOMOLO INC
6630 Amberton Dr. #C Elkridge, MD 21075
TEL 410-540-9671 FAX 410-540-9672

CUSTOMER APPLICATION

This information will be held in the strictest of confidence.

FOR CUSTOMER ONLY

OFFICE USE ONLY	CUSTOMER#	
S.M.#		
SALESPERSON NAME		ROUTE#

DBA or other type of Entity	Phone No.	Fax No.	
Compay Name	( ) Grocery Store ( ) Restaurant ( ) Other		
Street Address	City	State	Zip
Federal No. / Business Lic. No. / Seller's Permit No. / Liquor Lic. No. & Expiration Date / County Tax Rate:			
( ) Corporation ( ) Sole Proprietor ( ) Partnership ( ) Other		Date Started	
Ship to: (If Deliver to other address than above)	Phone No.	Fax No.	
Street Address	City	State	Zip

Name of Corporate Officers (Includes: Investor, Partners, Owners)

Name and Title	Name and Title

Business Premises:
( )Own ( ) Rent ( ) Lease (Terms of Lease: Years)

Principal's Name:	Title	Date of Birth	
Home Address	City	State	Zip
Home Phone No.	Social Security No.	Driver License No.	

Landlord Information (Person you rent or lease from)

Name	Phone No.	Fax No.	
Street Address	City	State	Zip

Bank References (Bank of your business account)

Bank Name	Phone No.	Fax No.	
Street Address	City	State	Zip

Type of Account
( ) Checking No. ( ) Saving No.

Credit Reference (Major Suppliers)

1. Name	Contact Name	Phone No	Fax No.
Street Address	City	State	Zip
2. Name	Contact Name	Phone No	Fax No.
Street Address	City	State	Zip

To induce Komolo, Inc.("Komolo") to extend credit to the above customer applicant ("Applicant"), the undersigned ("Guarantor"), hereby unconditionally guarantees the payment of all indebtedness of Applicant to Komolo. Guarantor agrees to pay any and all costs and expenses, including service charges, interest and/or reasonable attorney's fees that may be incurred by Komolo in connection with this guaranty or in the collection of any indebtedness or liabilities hereby guaranteed. Guarantor's obligation hereunder shall be joint and several with the obligations of any other guarantor, if any, of the indebtedness and liabilities of Applicant to Komolo. Guarantor consents to Komolo using the above social security number and other information for credit check and collection purposes.

Guarantor also represents that the above information is true and correct and acknowledges that any false information stated on this Customer Application or on any other document relied upon by Komolo in its decision to extend credit to applicant may result in denial of credit and/or further action including, but not limited to, revocation of credit.

Guarantor Signature _____ Guarantor Print Name _____ Date _____