

Land View, Inc.

PO Box 475, 343 N. Hwy 24

Rupert, ID 83350

Billing Inquiries: 208-531-4500

Order inquiries: 208-432-5293

WHOLESALE ACCOUNT APPLICATION AND CUSTOMER AGREEMENT

(All information on page 1 MUST be completed prior to first shipment)

GENERAL INFORMATION

Company Name _____

Address _____

Phone # _____ Fax # _____ E Mail _____

Circle 1 of following: Proprietorship Partnership Corporation LLC

Federal Identification Number _____

PRINCIPALS/OWNERS

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

TRADE SUPPLIERS/CREDIT REFERENCES

Company Name _____ Contact Name _____

Address _____

Phone # _____ Fax # _____ E Mail Address _____

Company Name _____ Contact Name _____

Address _____

Phone # _____ Fax # _____ E Mail Address _____

Company Name _____ Contact Name _____

Address _____

Phone # _____ Fax # _____ E Mail Address _____

Company Name _____ Contact Name _____

Address _____

Phone # _____ Fax # _____ E Mail Address _____

FINANCIAL INFORMATION

Bank _____ Officer _____

Address _____

Phone # _____ Fax # _____ E Mail Address _____

Land View, Inc.

WHOLESALE ACCOUNT APPLICATION AND CUSTOMER AGREEMENT

(All information on page 2 MUST be completed prior to shipment)

ADDITIONAL INFORMATION

Company Name (should agree to top of Page 1) _____

How long have you been doing business under this name? _____

Billing Address (if different from address on Page 1) _____

Shipping Address (if different from address on Page 1) _____

Parent Company Name (if applicable) _____

Address _____

Phone # _____ Fax # _____ E Mail _____

Circle 1 of following: Proprietorship Partnership Corporation LLC

Will Parent Company guarantee this account? YES NO

Supervisor responsible for payments _____

Phone # _____ Fax # _____ E Mail _____

Your Credit Limit Applied For: _____

(Please include a current Financial Statement with this application if limit applied for is \$50,000 or more)

Your Purchase Expectations in \$'s for next 30 days: _____ 60 days: _____ 365 days: _____

I CERTIFY THAT I AM LEGALLY AUTHORIZED TO EXECUTE DOCUMENTS ON BEHALF OF THE COMPANY. I / WE ARE FINANCIALLY ABLE TO MEET ANY COMMITMENTS WE MAY MAKE AND WE EXPECT TO PAY INVOICES ACCORDING TO TERMS. I / WE UNDERSTAND THAT ALL INVOICES ARE DUE AND PAYABLE NET 30 DAYS FROM THE STATEMENT DATE. UNPAID BALANCES BEYOND THE STATEMENT DATE WILL BE ASSESSED A FINANCE CHARGE OF 1.75% PER MONTH, WHICH IS 21.0% PER ANNUM. IF IT IS NECESSARY TO REFER THIS ACCOUNT FOR COLLECTION OR SUIT, I/WE AGREE TO PAY ALL COLLECTION COSTS INCLUDING REASONABLE ATTORNEY'S FEES IN ADDITION TO ALL PAST DUE AMOUNTS AND FINANCE CHARGES. I / WE UNDERSTAND THAT ANY EXCEPTION TO THE CREDIT POLICY NOTED ABOVE MUST BE APPROVED BY LAND VIEW INC AND CONFIRMED IN WRITING. PARTIAL PAYMENTS WILL BE APPLIED FIRST TO COLLECTION COSTS, FINANCE CHARGES AND PAST DUE BALANCES BEFORE CURRENT BALANCES.

I / WE AGREE TO SUPPLY ADDITIONAL INFORMATION OR DOCUMENTATION IF REQUESTED IN ORDER TO COMPLETE THIS APPLICATION FOR WHOLESALE CREDIT. I / WE AUTHORIZE LAND VIEW INC TO INVESTIGATE OUR CREDIT STANDING BY ANY REASONABLE MEANS, INCLUDING CONTACT WITH THE TRADE AND BANK REFERENCES SUPPLIED WITH THIS APPLICATION. I / WE EXPRESSLY AUTHORIZE THESE REFERENCES TO RELEASE ALL NECESSARY FINANCIAL INFORMATION TO LAND VIEW INC TO SUPPORT THIS APPLICATION.

BY: _____

TITLE: _____

FIRM: _____

DATE: _____