



2220 Pine View Way, P.O. Box 4559
Petaluma, CA 94955-4559
Telephone 707 765.6666 Fax 707 765.6674

Scott Laboratories, Inc. thanks you for your interest and looks forward to being of service to you.

Following is our credit application. Please be sure to include ALL mailing addresses including zip codes, bank account numbers, and fax numbers. This will help expedite processing so that we can establish a credit limit and open account for you.

All orders will be shipped C.O.D. or cash in advance until an open account has been established.

Please fax, e-mail or mail your completed form to us.

Thank You,

Credit Department

Please note: Your bank account number is required, because banks will not release information without it. The credit application must be signed by an authorized signer on the bank account.



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Continuing Personal Guarantee

Date: _____

In consideration for the extension of credit to _____
I (we) personally guarantee full and prompt payment of any indebtedness
owed to Scott Laboratories, Inc. by said _____
Up to a maximum of \$_____ plus a service charge of 1 1/2% per
month from date due to date of payment. I (we) also guarantee prompt
repayment to Scott Laboratories, Inc. of any attorney fees, court, or other
costs expended by it to affect collection, provided that I (we) have been
advised by letter, mailed to the address below, of intention to make such
expenditures.

California courts would have jurisdiction over any other courts in any
matter relating to this continuing personal guarantee.

This agreement shall be governed and construed by, and in accordance
with, the laws of the state of California.

WITNESS:

(SIGNATURE REQUIRED)

SIGNATURE

*SIGNATURE

ADDRESS

CITY / STATE ZIP CODE

* Where joint or community property is held, both signatures are necessary.