

CYBEROCK, INC.

2101 Westinghouse Blvd. #103

Raleigh, NC 27604

Phone: (919) 875-4156 Fax: (919) 875-4167

DEALER CREDIT APPLICATION

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Business Information

Business Name _____ Date Established _____

Address _____ County _____

City, State, Zip _____

Phone # _____ Fax # _____

Billing Address _____

(If different)

Business Type Corporation Partnership Proprietorship

(Circle One)

Federal I.D.# _____ Reseller License # _____

Annual Sales _____ Number of Employees _____

Dun & Bradstreet # _____ E-mail: _____

Corporate Name _____ State of Corporation _____

OFFICERS/OWNERS

1)

2)

Name, Title _____

Home Address _____

City, State, Zip _____

Social Security # _____

Banking Reference

Name _____

Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Account # _____

Trade References

Name _____ Phone # _____

Address _____ Contact _____

City, State, Zip _____

Account # _____

Name _____ Phone # _____

Address _____ Contact _____

City, State, Zip _____

Account # _____

Name _____ Phone # _____

Address _____ Contact _____

City, State, Zip _____

Account # _____

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The undersigned guarantees to Cyberock, Inc., herein after referred to as "Creditor", payment within the terms and conditions of sales, as printed on all invoices or otherwise agreed to in writing only (no oral modification). The undersigned further agrees to provide Creditor of any changes in the information listed above. The undersigned further agrees to provide Creditor sufficient evidence, upon request, that the undersigned is and remains solvent. The undersigned acknowledges and agrees that the Creditor may utilize outside credit reporting services to obtain information on the undersigned. The further agrees to pay all collection, legal expenses, attorney's fees and legal rate of interest (including fees incurred on appeal) whether suit be brought or not, should it become necessary to collect the monies due and payable. In the event of litigation, jurisdiction shall be in the state of North Carolina. The undersigned agrees that venue shall property lie in a county designated by Creditor.

Witness

Name of Individual or Firm

Date

Signature

Title Date

Witness

Name of Individual or Firm

Date

Signature

Title Date

CYBEROCK, INC.
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PERSONAL GUARANTEE

In consideration of the extension of credit by Cyberock, Inc. hereinafter know as the "Creditor" to _____ hereinafter "debtor" and for other valuable consideration, the receipt of which is hereby acknowledged, the undersigned jointly, severally, and unconditionally guarantee to creditor the full and prompt payment of any outstanding indebtedness of goods sold and delivered upon credit extended to debtor pursuant to the attached application. This shall be a continuing guarantee and notice of the acceptance hereof is waived. Each of the undersigned may terminate his obligations hereunder as to then future transactions between creditor and the debtor by sending notice to Cyberock, Inc. at 2101 Westinghouse Blvd. #103, Raleigh, NC 27604, by registered mail, provided however, that such termination shall not affect the liability hereunder with respect to any indebtedness incurred prior to the receipt of such notice, or the continuing liability of such of the others of the undersigned as have not given such notice.

It is expressly agreed and understood that the creditor may proceed against the undersigned, either jointly or severally, for any amount guaranteed hereunder whether action is brought against the debtor or whether the debtor is joined in any such action or not. The undersigned, jointly and severally shall reimburse creditor, on demand for all expenses, including reasonable attorney's fees incurred by creditor in the enforcement or attempted enforcement of any of its rights hereunder against any of the undersigned.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this the _____ day of _____ 20____.

_____ Witness	_____ Signature (L.S.) Address _____ City, State, Zip _____ Social Security # _____
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_____ Witness	_____ Signature (L.S.) Address _____ City, State, Zip _____ Social Security # _____
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_____ Witness	_____ Signature (L.S.) Address _____ City, State, Zip _____ Social Security # _____
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