



VENDOR APPLICATION

INSTRUCTIONS: Please fill in all blanks and answer all questions. All information requested is needed to properly process this application. Failure to complete all items, particularly your full name, address, tax payer identification number and social security number may result in delay and inconvenience to you. Last, you authorize Ritalia Funding Inc. to verify all information contained in this application.

COMPANY INFORMATION

Company's Exact Registered Name Including any D.B.A. Type of Business (Corp., Ptnshp., LLC, SubS.) Taxpayer Identification Number Mailing Address City County State Zip Date of Incorporation/Years in Business (Present Ownership) Contact Person Brief Description of the Business Telephone # Fax #

INFORMATION ON ALL OFFICERS OR PARTNERS OF THE BUSINESS

1. Name Title % Ownership Social Security Number Residence Address City State Zip Home Phone Number 2. Name Title % Ownership Social Security Number Residence Address City State Zip Home Phone Number

BUSINESS BANK REFERENCES

1. Bank Name, City/State Loan Acct. # Telephone # Checking Acct.# Contact Person 2. Bank Name, City/State Loan Acct. # Telephone # Checking Acct.# Contact Person

AUTHORIZED DEALER REFERENCES - TWO YEAR HISTORY

1. Name of Dealer City/State Telephone # Contact Person 2. Name of Dealer City/State Telephone # Contact Person 3. Name of Dealer City/State Telephone # Contact Person

EQUAL CREDIT OPPORTUNITY ACT: NOTICE IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT OUR CHIEF CREDIT OFFICER, 10532 TOPEKA DR., NORTHRIDGE, CA 91326 (800-249-9189 EXT 150) WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.

RELEASE: BY SIGNING THIS CREDIT APPLICATION, YOU ARE GRANTING CONSENT AND HEREBY AUTHORIZE RITALIA FUNDING INC. AND ITS AGENTS TO OBTAIN BOTH COMMERCIAL AND CONSUMER CREDIT BUREAU REPORTS AND MAKE OTHER CREDIT INQUIRIES THAT IT DETERMINES NECESSARY. YOU ARE ALSO AUTHORIZING THE RELEASE OF CHECKING, LOAN, AND OTHER PERTINENT CREDIT INFORMATION, BY WHOMEVER HELD, TO RITALIA FUNDING INC.

Signature X Print Name Date