## REMIUM INCORPORATEI

SALES	ID#	
SALES	1D#	

2644 WAIWAI LOOP HONOLULU, HI 96819 |PH: (808) 839-9802 FAX: (808) 834-0068 | EMAIL: premium@premiuminc.net ACCT NO.

## CREDIT APPLICATION

Address:  Address:  Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  Company Name:  Company Name:  Contact Name:  Contact Name:  Address:  Address:  Address:  Phone & Fax:  Phone & Fax:  Phone & Fax:	Last:	First:		Middle Initial:		Title		
City:       State:       ZIP:       Phone:         Ompany Information         Type of Business:       In Business Since:         Legal Form Under Which Business Operates:       Partnership	Name of Business:					Tax I.D. Number		
ompany Information         Type of Business:       In Business Since:         Legal Form Under Which Business Operates:       Corporation □ Partnership □ Proprietorship □ In Business Since:         If Division/Subsidiary, Name of Parent Company:       In Business Since:         Name of Company Principal Responsible for Business Transactions:       Title:         Address:       City:       State:       ZIP:       Phone:         Address:       Institution Name:       Institution Name:       Institution Name:       Loan Bala         Checking Account #:       Address:       Address:       Address:       Address:         Phone:       Phone:       Phone:       Phone:         Phone:       Phone:       Company Name:       Company Name:       Company Name:       Contact Name:       Address:       Address:       Address:       Address:       Address:       Address:       Phone & Fax:	Address:							
Type of Business: In Business Since:  Legal Form Under Which Business Operates:    Corporation   Partnership   Proprietorship	City:	State:	ZIP:		Phone	e:		
Type of Business: In Business Since:  Legal Form Under Which Business Operates:  Corporation Partnership Proprietorship  If Division/Subsidiary, Name of Parent Company: In Business Since:  Name of Company Principal Responsible for Business Transactions: Title:  Address: City: State: ZIP: Phone:  Ank References  Institution Name: Institution Name:  Checking Account #: Home Equity Loan: Loan Bala Address: Address: Address:  Phone: Phone: Phone:  Phone: Company Name: Company Name: Company Name: Contact Name: Address: Phone & Fax: Phone & Fax: Phone & Fax:	omnany Inform	ation						
Corporation   Partnership   Proprietorship								
If Division/Subsidiary, Name of Parent Company:  Name of Company Principal Responsible for Business Transactions:  Title:  Address:  City:  State:  ZIP:  Phone:  Ank References  Institution Name:  Institution Name:  Institution Name:  Checking Account #:  Address:  Address:  Address:  Address:  Phone:  Phone:  Phone:  Company Name:  Company Name:  Company Name:  Contact Name:  Address:  Address:  Address:  Address:  Phone & Fax:  Phone & Fax:  Phone & Fax:	Legal Form Under Whic	h Business Operates						
Name of Company Principal Responsible for Business Transactions:  Address: City: State: ZIP: Phone:  Address: Institution Name:  Checking Account #: Home Equity Loan: Loan Bala Address: Address:  Phone: Phone: Phone: Phone:  Company Name: Company Name: Company Name: Contact Name: Address: A		С	orporation	Partnersh	Partnership		Proprietorship	
Address: City: State: ZIP: Phone:    Contact Name: Contact	If Division/Subsidiary, N	ame of Parent Compa	any:	In Bus	siness Since	э:		
Institution Name:  Checking Account #:  Address:  Address:  Phone:  Phone:  Company Name:  Contact Name:  Address:  Address:  Address:  Address:  Contact Name:  Address:  Address:  Address:  Phone & Fax:  Phone & Fax:  Institution Name:  Home Equity Loan:  Loan Bala  Address:  Address:  Address:  Address:  Address:  Phone & Fax:	Name of Company Prince	cipal Responsible for	Business Transactions:	Title:				
Institution Name:  Checking Account #:  Address:  Address:  Phone:  Phone:  Company Name:  Contact Name:  Address:  Address:  Address:  Address:  Contact Name:  Address:  Phone & Fax:  Phone & Fax:  Institution Name:  Institution Name:  Institution Name:  Institution Name:  Institution Name:  Institution Name:  Home Equity Loan:  Loan Bala  Address:  Address:  Company Name:  Company Name:  Company Name:  Contact Name:  Address:  Address:  Phone & Fax:  Phone & Fax:	Address:	City:	State:	ZIP:	Phor	ie:		
Institution Name:  Checking Account #:  Savings Account #:  Address:  Address:  Phone:  Phone:  Phone:  Company Name:  Company Name:  Contact Name:  Address:  Address:  Address:  Contact Name:  Address:  Address:  Address:  Phone & Fax:  Phone & Fax:  Phone & Fax:  Phone & Fax:								
Address:  Address:  Address:  Phone:  Phone & Fax:  Phone & Fax:  Phone & Fax:			Institution Nan	ne:		Institution Name:		
Address:  Address:  Address:  Phone:  Phone & Fax:  Phone & Fax:  Phone & Fax:	Checking Account #		Savings Accor	ınt #·		Home Equity Loan:	Loan Balance:	
Phone:  Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Pho	encoming / toodant //.		Gavinge 710000			Tromo Equity Edum	Zoan Balanco.	
rade References  Company Name: Company Name: Contact Name: Contact Name: Address: Address: Address: Phone & Fax: Phone & Fax: Phone & Fax: Phone & Fax:	Address:		Address:			Address:		
rade References  Company Name: Company Name: Contact Name: Contact Name: Address: Address: Address: Phone & Fax: Phone & Fax: Phone & Fax: Phone & Fax:								
Company Name:       Company Name:       Company Name:         Contact Name:       Contact Name:       Contact Name:         Address:       Address:       Address:         Phone & Fax:       Phone & Fax:       Phone & Fax:	Phone:		Phone:			Phone:		
Company Name:       Company Name:       Company Name:         Contact Name:       Contact Name:       Contact Name:         Address:       Address:       Address:         Phone & Fax:       Phone & Fax:       Phone & Fax:			•		•			
Contact Name:  Address:  Address:  Phone & Fax:  Contact Name:  Address:  Phone & Fax:  Phone & Fax:	rade Reference	S						
Address:  Address:  Address:  Phone & Fax:  Phone & Fax:  Phone & Fax:	Company Name:		Company Name:			Company Name:		
Phone & Fax: Phone & Fax: Phone & Fax:	Contact Name:		Contact Name:					
	Address:		Address:			Address:		
Email: Email: Email:	Phone & Fax:		Phone & Fax:	Phone & Fax:		Phone & Fax:		
	Email:		Email:			Email:		
			AST SEVEN YEARS?					
AVE YOU BEEN BANKRUPT WITHIN THE PAST SEVEN YEARS?YESNO			PON OR GIVEN TITLE		:5NC	)		
VE YOU BEEN BANKRUPT WITHIN THE PAST SEVEN YEARS?YESNO LE YOU A PARTY TO A LAWSUIT?YESNO LVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITL E	R DEED IN LIEU THERE				ES N	0		

I (We) agree that this application may be referred to the Credit Bureau of Hawaii, our financial institution, or to any officials of the above firm for approval, and if credit is extended, I (we) further agree that such extension of credit be subject to the following conditions:

- I (we) personally agree to pay the amount due, as evidenced by the account, no later than 30 days following the last day of the month in which indebtedness is incurred.
- I (we) agree that any amount not paid within the time allowed in paragraph 1, shall be considered delinquent and shall bear interest at the rate of 18 percent (18%) per annum from and after the first day the same became delinquent.
- In the event that the delinquent account is placed in the hands of licensed collector or an attorney for collection, or suit is instituted on this account, I (we) agree to pay, in addition to the amount of the delinquent account and interest, a collector's or attorney's fee equal to 33-1/3% of said delinquent account.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature & Print Name Date