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APPLICATION FOR CREDIT

NAME _____ DATE _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ TYPE OF BUSINESS _____

COMPANY STATUS: CORPORATION PARTNERSHIP PROPRIETORSHIP

TYPE OF PURCHASE: TAXABLE? YES NO IF NO — RESALE OTHER (PLEASE INCLUDE TAX CERTIFICATE)

STATE OF INCORPORATION _____ DATE OF INCORPORATION _____

LOCATION OF HOME OFFICE _____

NAMES OF OFFICERS, OWNERS, OR PARTNERS:

RELATED COMPANIES:

1. _____ SSN # _____

1. _____

2. _____ SSN # _____

2. _____

3. _____ SSN # _____

3. _____

BANK REFERENCES:

Name	Acct. #	Bank Officer	Address	Phone
1. _____	_____	_____	_____	() _____
2. _____	_____	_____	_____	() _____
3. _____	_____	_____	_____	() _____

TRADE REFERENCES:

Name	Address	Fax
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____
4. _____	_____	() _____

PERSON TO CONTACT REGARDING ACCOUNTS PAYABLE _____

ARE PURCHASE ORDERS REQUIRED? YES NO ANTICIPATED MONTHLY VOLUME \$ _____

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- a) Financial statements (preferably audited) for the latest fiscal year (Minimum-Balance Sheet and Income Statement).
- b) Most recent interim financial statements if those included in (a) above are over six months old.

I (We) hereby authorize the above companies and/or banks to release factual credit information to Metallic Products relating to my (our) past and present credit experience for the purpose of determining credit worthiness.

I (We) hereby acknowledge that I (we) have furnished the information above for the purpose of obtaining credit from Metallic Products.

FOR OFFICE USE ONLY

Approved _____ Disapproved _____
 Limit \$ _____
 Notes _____
 By _____ Date _____

Signature _____ Title _____

Signature _____ Title _____