

Please print and fax to Charlotte Anodizing Products, Inc. at 1-517-543-9771

DATE OF APPLICATION		CREDIT TERMS: NET 30 FROM INVOICE DATE	
LEGAL/FULL NAME OF COMPANY INCLUDING DBA		STREET ADDRESS	
		CITY	STATE ZIP
TELEPHONE ()	FAX ()	BILLING ADDRESS	
ACCOUNTS PAYABLE CONTACT		CITY	STATE ZIP
ACCOUNTS PAYABLE TELEPHONE & FAX		ACCOUNTS PAYABLE EMAIL ADDRESS	
		CONTROLLER'S NAME & EMAIL ADDRESS	
LEGAL STATUS OF ENTERPRISE () LLC () PARTNERSHIP () PRIVATELY OWNED () SOLE PROPRIETOR () CORPORATION () PUBLICLY OWNED		FACILITY: () OWN () RENT	
CREDIT LIMIT REQUESTED \$			
YEARS IN BUSINESS	ANNUAL SALES	FEDERAL ID NUMBER/DUN & BRADSTREET NUMBER	
TYPE OF BUSINESS/PRINCIPLE PRODUCT	TAX EXEMPT: () Y () N IF YES, <u>MUST</u> ATTACH A COPY OF THE TAX EXEMPTION CERTIFICATE		

THE OWNERS OR, IF CORPORATION, THE OFFICERS ARE:

NAME	TITLE	ADDRESS	TELEPHONE
			()
			()
			()

BANK REFERENCES

* BANK NAME & CONTACT	STREET ADDRESS, CITY, STATE, ZIP	ACCOUNT NUMBERS	TELEPHONE FAX
			() ()
			() ()

TRADE REFERENCES

* NAME & CONTACT	STREET ADDRESS, CITY, STATE, ZIP	ACCOUNT NUMBERS	TELEPHONE FAX
			() ()
			() ()
			() ()

The undersigned agrees to provide to creditor updated financial statements upon request.

I hereby represent that I am authorized to submit this credit application on behalf of the company named on the application, and that the information is provided for the purpose of obtaining credit and is warranted to be true. I hereby authorize Charlotte Anodizing Products to perform any credit investigation deemed necessary to establish and maintain a credit account for the applicant. I hereby authorize the reporting of the above-mentioned information to Charlotte Anodizing Products or their designees. I hereby acknowledge and agree that all charges incurred after the extension of credit shall be considered due and payable according to the terms on the invoice and that payment shall be made to Charlotte Anodizing Products and forwarded to the designated payment address. I hereby consent to abide by the terms and conditions set out on all invoices which may be amended from time to time.

_____ COMPANY NAME	_____ AUTHORIZED SIGNATURE	_____ TIME
_____ PRINT NAME	_____ TITLE	_____ DATE