



CREDIT APPLICATION

COMPANY OR INDIVIDUAL'S NAME		FEDERAL I.D. # / SOCIAL SEC.#		C O D		NET 30	
COMPLETE ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE # ()	FAX # ()	
MAILING ADDRESS		CITY	STATE	ZIP CODE	AMOUNT OF CREDIT REQUESTED		
NATURE OF BUSINESS GENERAL CONTRACTOR CORP. INDV. OTHER						TYPE OF BUSINESS	
DO YOU OWN PROPERTY? YES NO		MORTGAGE OWED? YES NO		MORTGAGE VALUE? \$		YEARS IN BUSINESS	
TAXABLE? YES NO IF NOT, YOUR SALES TAX#						PERSON IN CHARGE OF PAYMENTS	
THIS SECTION MUST BE FILLED OUT COMPLETELY, GIVE FULL NAME AND HOME ADDRESS OF INDIVIDUAL, AND IF A FIRM OF EACH PARTNER, OR IF A CORPORATION, OF EACH OFFICER AND OFFICER AND OFFICE HELD BY EACH.							
NAME		SOCIAL SECURITY #				POSITION	
HOME ADDRESS		CITY	STATE	ZIP CODE	PHONE ()		
NAME		SOCIAL SECURITY #				POSITION	
HOME ADDRESS		CITY	STATE	ZIP CODE	PHONE ()		
NAME		SOCIAL SECURITY #				POSITION	
HOME ADDRESS		CITY	STATE	ZIP CODE	PHONE ()		
CREDIT REFERENCE							
COMPANY NAME		ADDRESS		CITY	STATE	ZIP	
TYPE OF BUSINESS		BALANCE OWED	PHONE # ()	FAX ()	CONTACT		
COMPANY NAME		ADDRESS		CITY	STATE	ZIP	
TYPE OF BUSINESS		BALANCE OWED	PHONE # ()	FAX ()	CONTACT		
COMPANY NAME		ADDRESS		CITY	STATE	ZIP	
TYPE OF BUSINESS		BALANCE OWED	PHONE # ()	FAX ()	CONTACT		
BANK REFERENCE							
NAME		ADDRESS		CITY	STATE	ZIP	
PHONE # ()	FAX # ()	ACCOUNT #			CONTACT NAME		
NAME		ADDRESS		CITY	STATE	ZIP	
PHONE # ()	FAX # ()	ACCOUNT #			CONTACT NAME		
TERMS AND CONDITIONS OF CREDIT AGREEMENT							
<p>PAYMENT IN FULL OF ALL MONEYS IS DUE ON THE 30TH DAY OF THE DATE OF INVOICE. IT IS FURTHER AGREED THAT THE UNDERSIGNED, JOINTLY AND SEVERALLY, DO HEREBY AGREE TO PAY METALLIC PRODUCTS LLC WHETHER DOMESTIC OR IMPORTED, ALL MATERIALS, PRODUCTS, GOODS, SUPPLIES AND SERVICES SOLD TO APPLICANT WITHIN THE ESTABLISHED TERMS. IN THE EVENT OF DEFAULT BY APPLICANT, METALLIC PRODUCTS LLC SHALL BE ENTITLED TO RECEIVE FROM APPLICANT, PAYMENT WITHOUT PRIOR DEMAND OR NOTICE AND WITHOUT FIRST HAVING ATTEMPTED TO COLLECT FROM APPLICANT IN THE EVENT METALLIC PRODUCTS LLC ENGAGES THE SERVICES OF AN ATTORNEY OR ENTITY TO COLLECT ANY SUM OF MONEY DUE HEREUNDER OR TO ENFORCE OR DEFEND THE RIGHTS HEREUNDER, INCLUSIVE OF ANY ACTION TO ENFORCE A MECHANIC'S LIEN FILLED ON ANY PROPERTY FOR THE MATERIALS, SUPPLIES, LABOR, PRODUCTS OF GOOD RENDERED THERETO AND ALL MONEYS OWED THEREUNDER, IT SHALL BE ENTITLED TO RECOVER REASONABLE ATTORNEY'S FEES, COST AND INTEREST FROM THE UNDERSIGNED UPON DEMAND. THE LIABILITY OF THE UNDERSIGNED SHALL NOT BE AFFECTED BY ANY EXTENSIONS OR INDULGENCES GRANTED APPLICANT OR BY SURRENDERING ANY SECURITY GIVEN APPLICANT. THE UNDERSIGNED FURTHER AGREES TO PAY A 1.5% PER MONTH INTEREST CHARGE, TO BE ADDED AND ACCRUED TO THE UNPAID BALANCE AFTER SUCH BALANCE IS PAST DUE AND THEREAFTER THE UNDERSIGNED FURTHER AGREES TO PAY THE COSTS OF NOTICE TO OWNERS, LIEN FEES AND COLLECTIONS COSTS. IN THE EVENT THAT METALLIC PRODUCTS LLC PLACES THE APPLICANT, THE ACCOUNT AND GUARANTORS IN DEFAULT, PURSUANT TO THE CREDIT AGREEMENT AND TERMS AGREED HERE TO, AND MUST RESORT TO THE FORE MENTIONED FOR THE PROTECTION AND COLLECTION OF ALL MONEYS OWED TENURE AND VENUE WILL BE IN THE CITY OF MIAMI, COUNTY OF DADE, STATE OF FLORIDA.</p>							
SIGNATURE		NAME INDIVIDUALLY		SIGNATURE		NAME INDIVIDUALLY	
DATE							
PERSONAL GUARANTY							
WE DO HEREBY ASSUME PERSONAL RESPONSIBILITY, JOINTLY, COLLECTIVELY AND INDIVIDUALLY FOR THE DEBTS OF THE APPLICANT HEREOF.							
SIGNATURE		NAME INDIVIDUALLY		SIGNATURE		NAME INDIVIDUALLY	
DATE							
FOR OFFICE USE ONLY:				CREDIT DEPARTMENT NOTES:			
DATE RECEIVED: _____				_____			
CREDIT BUREAU: _____				_____			
REPORTING AGENCY: _____				_____			
CREDIT LIMIT: _____				_____			
APPROVED / DENIED: _____				_____			
OFFICER'S SIGNATURE: _____				_____			