

CREDIT APPLICATION

MPI SALES REP: _____

CREDIT AMOUNT REQUESTED: _____

DATE: _____

COMPANY NAME: _____

BUSINESS TYPE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL: _____ FAX: _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

We prefer to receive invoices by: Email: _____ Fax: _____

Accts. Payable Email: _____ (optional 2nd email): _____

Purchasing Dept. Email: _____ (optional 2nd email): _____

CREDIT REQUESTED BY: _____

HOME ADDRESS: _____ HOME PHONE: _____ CELL: _____

AT ABOVE ADDRESS

IN BUSINESS SINCE: _____ SINCE: _____

BUSINESS STRUCTURE: CORPORATION: PARTNERSHIP: SOLE PROPRIETOR:

Name of Partners or Corporate Offices, if applicable:

NAME:	TITLE:	ADDRESS:	CITY:	STATE:	ZIP:

SALES TAX PERMIT # _____ (or) FED. TAX ID # _____

BANK REFERENCE:

BANK NAME: _____ BRANCH: _____ ACCT #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Trade References (min. Three)

NAME:	ADDRESS/CITY/STATE/ZIP:	PHONE:	EMAIL:

Credit Application

I understand the following and will abide by your company regulations:

- 1) Notify Metal Panels, Inc. of any changes in ownership of our company.
- 2) If granted credit, our company agrees to pay all invoices within the terms assigned to us.
- 3) It is agreed that our company will pay 1.5% per month, which is 18% yearly, for all past due invoices.
- 4) It is agreed that our account will become COD if we fail to pay invoices within terms.
- 5) Our company's financial condition is satisfactory and we can meet financial obligations.
- 6) There are no lawsuits or judgments against me at the present time. If our company defaults on payment of any outstanding, valid invoices, we agree to pay attorney's fees and/or collection expenses.

Guarantor Agreement

We hereby jointly and severally agree to guarantee payments for all accounts due Metal Panels, Inc. from above named corporation, proprietorship, or partnership within 30 days from date notice is given. In the event payment is not made and this account is turned over to an attorney, we also agree to pay reasonable attorney fees charged for collection.

Signature

Date

Title

Company Name

IMPORTANT—Please return to:

Metal Panels
Accounting Department
AR@metalpanelsinc.com