

LAMINEX, INC.

9900 Brookford Street
Charlotte, NC 28273
(704) 679-4170, Fax: (704) 679-8453

CREDIT APPLICATION

NEW UPDATE

RETURN

ATTN: CREDIT MANAGER

Firm Name _____

Billing Address _____ City _____ State _____ Zip _____

Delivering Address _____ State _____ Zip Code _____

Phone (____) _____ Estimated Monthly Purchases \$ _____

Home Office _____ D & B Rating _____
Current Financial Statement Attached: Yes No

Purchase Order Required: Yes No (If "No" Explain) _____

Name of Person(s) Authorized to Issue Purchase Orders _____ Type of Business _____

(Title) _____ No. Years in Business _____

Contact In Accounts Payable _____ Phone _____ State of Incorporation _____

COMPANY OFFICERS OR PARTNERS

(Name) (Title) (Phone)

(Name) (Title) (Phone)

(Name) (Title) (Phone)

Name of Officer to Contact For Further Credit Information _____
(Name) (Title) (Phone)

BANKING

Name _____ Address _____ Phone _____ Checking Loans

Name of Officer or Manager Handling Account _____

Tax ID # _____ Sales & Use Tax Form Attached: Yes No

TRADE REFERENCE (Please include complete mailing addresses)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Statement: The undersigned authorizes Laminex to contact banking and trade references listed above for the purpose of extending oprn account privileges.

Statement: In consideration of credit being extended by Laminex to the company we certify the truthfulness and veracity of the statement appearing above, and the company guarantee and bind ourselves to the faithful payment of all amounts purchased or now owing, by us or either of us, or any other person, firm or corporation for our benefit. If credit is extended to ta corporation in which we, or either of us, or I am an officer, or in which an interest exists the company faithfully guarantee the payment of all credit extended to said corporation.

Statement: The undersigned agrees that if this application is accepted, all purchases made shall be due and payable within 30 days of invoice date, and further agrees to pay a service charge of the maximum allowable by state law on all past due accounts. In the event this account is placed in the hands of an attorney for collection or suit instituted to collect same of any portion thereof, the company agrees and promises to pay reasonable attorney's fees for services rendered. (Payment items exceptions below only by mutual agreement.)

Signature (Officer or Auth. Rep.) _____ Date _____ Title _____ Seal _____

CUSTOMER NUMBER	PLANT	TERRITORY	SALES REP #	STATE	COUNTY
CUSTOMER TYPE	CREDIT LIMIT REQUESTED	CREDIT LIMIT APPROVED	PAYMENT TERMS	CUSTOMER INITIALS	SALES INITIALS

Credit: Approved Not Approved Approved By: _____ Title: _____ Date: _____