



Southeastern Aluminum Products, Inc.

TELEPHONE 904-781-8200 • POST OFFICE BOX 6427 • JACKSONVILLE, FLORIDA 32236-6427

FAX #: 904-695-9541

APPLICATION for CREDIT

Business Name _____ D/B/A _____

Mail Address _____ City _____ St _____ Zip _____

Street Address _____ City _____ St _____ Zip _____

Billing Address _____ City _____ St _____ Zip _____

Our Business Is A: Individual Partnership Corporation EIN#/SS# _____

Owner's Name, If Individual _____ Phone# _____

Corporate Name, If Corporation _____ Phone# _____

Email Address (Owner, Manager, etc.) _____ Amount of Credit Requested _____

Individual Responsible for Payment _____ Phone# _____

Purchasing Agent _____ Fax # _____

Type of Business _____ How Long Established _____

Bank With _____ City _____ State _____ Acct# _____

Bank Contact Person _____ Phone: _____ Fax: _____

Trade References 1. _____ Phone: _____ Fax: _____

2. _____ Phone: _____ Fax: _____

3. _____ Phone: _____ Fax: _____

Have you been a principal in any Bankruptcy within the last 7 years?

YES

NO

NOTE OF SPECIAL TERMS UNDER WHICH THIS CREDIT ACCOUNT IS OPENED:

1. All invoices are due and payable 30 days from the invoice date.
2. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking of credit.
3. In the event payment is not properly made and Seller turns this matter over to any attorney for collection, Buyer agrees to pay service charges, reasonable attorney's fees, plus court costs including costs of appeal.

By _____ Title _____ Date _____
Signature Required

Account Name _____

GUARANTEE

I hereby accept the terms as stated above in this application for an open credit account with Southeastern Aluminum Products, Inc., and do hereby personally guarantee this account.

By _____ Date _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Drivers Lic # _____ State of Issuance _____