

FIBERTECH

Fibertech Columns Inc.
PO Box 865, Central, SC 29630
Phone: (864) 646-3000 Fax: (864) 654-1800

CREDIT APPLICATION AGREEMENT

Date _____

(Please Print)

Business Name: _____ Fed ID: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ ZIP Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Type of Business: Corporation Partnership Sole Proprietor Joint Venture

List Principal Officers and Shareholders:

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

Name: _____ Address: _____ Phone: (____) _____

Bank Name: _____ Account Numbers: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Contact Person: _____

THREE PRIMARY SUPPLIERS:

Company Name: _____ Phone: (____) _____

Street Address: _____ Fax: (____) _____

City: _____ State: _____ ZIP Code: _____

Company Name: _____ Phone: (____) _____

Street Address: _____ Fax: (____) _____

City: _____ State: _____ ZIP Code: _____

Company Name: _____ Phone: (____) _____

Street Address: _____ Fax: (____) _____

City: _____ State: _____ ZIP Code: _____

Accounts Payable Contact: _____ Telephone: _____

Terms and Conditions:

All charges are due and payable within thirty (30) days of the date of invoice. Any account with an invoice outstanding for more than forty-five (45) days shall be placed on C.O.D. terms. All costs of collection, including attorneys' fees, shall be paid by the Customer.

I authorize the release of any and all Credit/Banking information as required by and to Fibertech, and I agree to the terms and conditions above.

SIGNATURE (Officer of Company): _____ Title: _____

Printed Name of Officer: _____ Date: _____

Please fax this form to:

Rives Cheney, Credit Department

Fax (864) 654-1800