APPLICATION FOR BUSINESS CREDIT

WITH

NICOSIN EXTRUSION INC.
1525 N Depot St. Brazil, IN 47834
Tel No. (812) 841-1858
Fax No. (812) 446-6124

DATE:_____

==========BUSINESS INFORMATION-MUST BE COMPLETED ==========

Bill To:

NAME:_____
STREET ADDRESS:_____**PO BOX**_____
CITY:_____**STATE**:_____**ZIP**:_____
PHONE:_____**FAX**:_____**COUNTY:**_____

Ship To:

NAME:_____
STREET ADDRESS:_____
CITY:_____**STATE**:_____**ZIP**:_____
PHONE:_____**FAX**:_____**COUNTY:**_____

TYPE OF BUSINESS: Corporation Partnership Proprietorship Individual Other_____
(Please circle)
DESCRIPTION OF BUSINESS: OEM Resale End User **HOW LONG IN BUSINESS**?_____ Years

FEDERAL ID#_____ **DUNS #** (For This **Bill To:**) _____

DO YOU REQUIRE PURCHASE ORDER NUMBERS?_____ **ARE YOU TAX EXEMPT?**_____
(Please send a **copy of your tax exemption certificate**)

==========CREDIT REFERENCES==========

Please give addresses and phone numbers

NAME ADDRESS PHONE

Credit Reference: _____

Credit Reference: _____

Credit Reference: _____

BANK (Include Account #): _____

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TERMS AND CONDITIONS

Applicant's signature attests financial responsibility of applicant's company, in addition to company's ability and willingness to pay for material supplied according to our credit terms which are net 30 days from invioce date. Nicosin Extrusion (herein referred to as Nicosin) reserves the right to charge interest for invoices not paid according to these terms at the rate of 1 1/2% per month (18%APR) on the unpaid balance. Nicosin also reserves the right to limit or terminate credit if account is not paid according to these terms and conditions.

GENERAL PROVISIONS

This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizes Nicosin to obtain a written or oral credit report from any credit reporting agency. Applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to Nicosin which will assist Nicosin in it's credit investigation. The applicant further authorizes Nicosin to investigate the applicant's credit status from time to time as Nicosin deems necessary. Any changes in legal status must be communicated to Nicosin by certified mail. The original applicant will remain liable until such time as Nicosin has received notice of the change in legal status and been given a reasonable period of time to respond to such notice. Further, should this account be placed for collection the applicant agrees to pay all costs of collection including, but not limited to attorney fees of 25%.

APPLICANT'S SIGNATURE _____**TITLE**_____

PRINTED NAME _____

For Office Use:
SALESMAN/TERRITORY _____

Rev Date 1/07