

11464 Big Canoe Jasper, GA 30143 888-776-2242 Fax:678-716-0537 www.encorecoatings.com

CREDIT APPLICATION

| Legal Name: | |
|--|------------------------|
| Trade name, if any: | |
| Address: | |
| Business phone: () | Fax: () |
| Business type: () Corp. () Partnership (|) Sole Prop. () Other |
| PRINCIPALS & OWNERS | |
| 1). Name | Title: |
| Home address: | |
| SSN: | |
| 2). Name | Title: |
| Home address: | |
| SSN: | |
| 3). Name | Title: |
| Home address: | |
| SSN: | |
| BANK REFERENCES | |
| Bank Name: | Acct.#: |
| Address: | |
| Bank Name: | Acct.#: |
| Address: | |

TRADE REFERENCES

| Supplier Name: | Phone: () |
|----------------|-----------|
| Fax: () | |
| Supplier Name: | Phone: () |
| Fax: () | |
| Supplier Name: | Phone: () |
| Fax: () | |
| Supplier Name: | Phone: () |
| Fax: () | |

I certify that the above information is true and correct and agree to pay this account in accordance with the terms and conditions of Encore Coating's credit policy. I authorize Encore Coatings to verify and/or obtain additional information by securing data from a credit reporting agency. I understand that all past due balances will be subject to a 1.5% per month interest charge. I further agree to pay up to a 25% collection charge, in the event of default.

| Signed: | Date: |
|---------|-------|
| Name: | |
| Signed: | Date: |
| Name: | |

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly and individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly and individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may become affiliated with. If a default in the terms or payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly and individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

| Signed: | Witness: |
|---------|----------|
| Date: | |
| Signed: | Witness: |
| Date: | |