



Please Fax or Mail to:
Superior Extrusion, Inc.

118 Avenue G • Gwinn, Michigan 49841
Phone (906) 346-7308 • Fax (906) 346-7890

Application For Credit

Corporation Partnership
Limited Liability Company Sole-Proprietorship Other (explain) _____

Date: _____ Fed. I.D. No. _____

Company Name: _____

Billing Address: _____
(Street) (P.O. Box) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

Shipping Address (if different than above) _____

List the following: Corporate Officers, Individual Owner*, or Partners*

Name Title *Home Address *Social Security Number *Date of Birth

(*) Necessary if Individual Owner or Partner

Please list any other trade names used _____

Purchase Order Required? Yes No Estimated Purchases: Monthly \$ _____ Yearly \$ _____

Estimated monthly/yearly requirement in pounds _____

Desired Credit Limit: \$ _____

Are you a defendant in any suits or legal actions? Yes No If yes, please explain on the back of this form.

Have you declared bankruptcy in the last 14 years? Yes No If yes, please explain on the back of this form.

Are you Michigan State Sales Tax exempt ? Yes No **MI Sales Tax Exempt Number** _____

(If YES, please attach a copy of your exemption certificate. Applicable taxes will be charged until certificate is received)

Type of business _____ **Number of years in business** _____

FINANCIAL INFORMATION: Please provide us with a current Balance Sheet, Income Statement and three year financial ratio history including: Current Ratio, Quick Ratio, Debt-to-Worth, Inventory Turnover, A/R Turnover, A/P Turnover, Gross Margin %, and Net Margin %.

BANKING INFORMATION: Please complete the "Bank Credit Reference and Authorization Form" (see page 2).

TRADE REFERENCES: (Please list four trade references, two of which are aluminum or metal suppliers):

Name Address (Include City, State, and Zip) Fax Telephone

I hereby authorize Superior Extrusion, Inc. to investigate our firm's credit record and for the above-listed references to release information and/or report their findings, as appropriate, regarding our firm's performance of this Agreement.

By: _____
(Signature) (Title) (Date)

BANK CREDIT REFERENCE AND AUTHORIZATION TO OBTAIN CREDIT INFORMATION

(Bank Name) (Street Address)

(P.O. Box) (City) (State) (Zip)

(Name of Bank Officer) (Telephone) (Fax)

(Customer/Company Name) (City) (State) (Zip)

(Account #) (Account #) Bank Borrowings? Yes No Secured _____ Unsecured _____

All sales by Superior Extrusion, Inc. are subject to its standard terms and conditions.

The undersigned, hereafter referred to as Obligor, understands and acknowledges that credit may be extended to the undersigned by Superior Extrusion, Inc. (SEI) and the invoice terms of SEI, hereafter referred to as Creditor, absent other terms agreed to and stated on each invoice, require payment Net 30 days following the date of invoice. Obligor further agrees that past due balances shall be assessed a finance charge of 1.5% per month or 18.0% per annum on the unpaid balance. If any indebtedness due and owing is not paid as agreed, the undersigned agrees to pay to Creditor a reasonable attorney's fee or the actual attorney fees paid by Creditor to its attorney, whichever is greater, plus all costs of collection and all other costs and expenses which may be incurred by Creditor relative to collection of the indebtedness due and owing whether suit be instituted or not if Creditor employs an attorney or other outside agency to collect the indebtedness due and owing. All invoices, statements, and debts due and payable to SEI are due and payable at 118 Avenue G, Gwinn, Michigan 49841. Should suit be instituted for any indebtedness due and owing to SEI the undersigned consents to venue in Marquette County, Michigan. The undersigned KNOWINGLY, VOLUNTARILY, AND INTENTIONALLY WAIVES THE RIGHT TO A TRIAL BY JURY. The parties further agree that the waiver of trial by jury is a material inducement for Creditor to extend credit to the undersigned.

SUPPLEMENTAL INFORMATION: _____

I hereby authorize my bank to release information to Superior Extrusion, Inc. and, if credit is approved, I agree to SEI's standard terms and conditions, part of which are stated above.

By: _____
(Printed Name) (Title)

By: _____
(Signature) (Date)

FOR SEI USE ONLY – DO NOT WRITE BELOW THIS LINE

Credit: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Date Approved:	Credit Limit:
Authorized SEI Representative:		