

SELLER
**North American
Composites
Company (NAC)
and its affiliates**

CREDIT APPLICATION

For the Applicant below & its affiliates

CREDIT DEPARTMENT
**1225 Willow Lake Boulevard
St. Paul, MN 55110-5145
651-766-6892 [phone]
651-784-7237 [fax]
Credit@nacomposites.com**

1. APPLICANT

- a. Full name of Company (or individual): _____
- b. Doing Business As: _____ Formerly Known As: _____
- c. Federal Tax ID Number (SSN of Individuals): _____ Tax Exempt (Yes/No): _____
- d. Dun & Bradstreet Number : _____

2. Address and Contacts

- a. Street Address: _____ P.O. Box: _____
City: _____ State (or Province) _____ Zip Code: _____
- b. Telephone: _____ Fax: _____ Email: _____
- c. Name of President/Owner: _____ Name of CFO/Treasurer: _____

3. Company Information

- a. Type of Entity: Corporation Limited Liability Company Partnership Sole Proprietorship
- b. State of Incorporation, Organization, or Formation of Corporation, LLC, or Partnership (if applicable): _____
- c. Name of Parent Company (if any): _____ Percent Owned by Parent: _____%
- d. Number of Years the Company has been in Business: _____ Number of Years under present Owner/Management: _____
- e. Product(s) Made by Company: _____
- f. Does the Company have a Website (Yes/No): _____ [web address: _____]
- g. Has the Company ever filed bankruptcy (Yes/No): _____ [It filed bankruptcy in _____ (year) under Chapter _____]

4. Bank and D&B Information

- a. Name of Bank: _____ Checking Acct No: _____
- b. Bank Address: (City and State): _____
- c. Your Bank Contact (Name & Phone No.): _____

5. Business References (List three companies from whom you bought goods on open account within the last year)

- a. Company #1 (Name, City, State): _____
Credit Line: \$ _____ Contact Person (Name/Phone/Fax): _____
- b. Company #2 (Name, City, State): _____
Credit Line: \$ _____ Contact Person (Name/Phone/Fax): _____
- c. Company #3 (Name, City, State): _____
Credit Line: \$ _____ Contact Person (Name/Phone/Fax): _____

6. CREDIT REQUEST

- a. **AMOUNT:** \$ _____,000 **TERMS:** Net _____ Days (from the date of invoice)
- b. **Will pay Seller's invoices by (check all that apply):** Check Credit Card Wire or EFT C.O.D.

NOTE: Financials are needed for requests exceeding Net 30. With few exceptions, Credit Department approval is via an Open Account Agreement containing the approved terms which is thereafter signed by both parties. A surcharge may be assessed on Credit Card payments in accordance with Minnesota Statutes § 325G.051.

All information in this Credit Application is accurate. Every purchase of goods from Seller by Applicant & its affiliates shall be governed by the North American Composites Company Terms and Conditions of Sale ("T&Cs"). Those T&Cs are available on Seller's website at www.nacomposites.com/pages/Customers-Terms.asp and are incorporated by reference. You may request a copy by email, fax, or mail. We may contact your Bank and Business References. I hereby represent to you that I have full authority to complete this Credit Application, sign it on behalf of the above Applicant, and thereby bind the Applicant to everything stated in this Credit Application.

Signature: _____
(SIGN your name)

Name: _____
(PRINT your Name)

Date: _____
(PRINT the Date)

Title: _____
(PRINT your Title)