



P.O. BOX 428 NEWNAN, GA 30264 EMAIL: CreditDepartment@bonlalum.com CREDIT DEPT FAX: 770-254-7712

APPLICATION FOR CREDIT - Page 1 of 3

INSTRUCTIONS: All applicants must complete this page of the application and sign at the bottom. If you have a pre-printed page of credit references, you may substitute your page for page two of our application. If you supply your own pre-printed list of credit references, please be sure it includes the name of your current aluminum extrusion source. This application is used in the United States, as well as Canada; therefore, any verbage in the credit application, or the terms and conditions attached (an integral part of this form), which are not applicable by law are to be disregarded as though they are not a part of this form. For the purposes of this application, references to Supplier shall mean any or all the following entities: The William L. Bonnell Company, Inc., Bon L Manufacturing Company, AACOA Extrusions, Inc., AACOA, Inc., and their respective parents, subsidiaries and affiliates, including but not limited to any future entities that may be acquired by supplier.

Applicant's Legal Name _____ D/B/A _____
Street Address _____ City/State/ZIP _____
Mailing Address _____ City/State/ZIP _____
Phone # _____ Fax # _____ Line of Business _____
Branch () Division () Subsidiary () of _____
Applicant is a: Corporation () Partnership () Proprietorship () Years in Business Under This Ownership _____
Applicant's DUNS Number _____ Parent's DUNS Number (if applicable) _____

Personal Contacts:

President/Owner _____ Phone _____ Fax _____ E-Mail _____
Financial Officer _____ Phone _____ Fax _____ E-Mail _____
Buyer/Purchaser _____ Phone _____ Fax _____ E-Mail _____
Accounts Payable _____ Phone _____ Fax _____ E-Mail _____

FOR U.S. BUSINESSES ONLY
Federal Tax I.D. Number _____ Social Security Number (if Proprietorship) _____
PLEASE INCLUDE A COPY OF YOUR STATE SALES TAX EXEMPTION CERTIFICATE

ATTACH A COMPLETE COPY OF YOUR MOST RECENT FISCAL YEAR-END FINANCIAL STATEMENT

REQUESTED CREDIT LINE (APPROXIMATE AMOUNT OF PURCHASES IN ONE MONTH) \$ _____

INVOICES MAY BE TRANSMITTED VIA E-MAIL OR FAX. PLEASE ENTER THE APPLICANT'S CONTACT NAME (OR DEPARTMENT) TO WHOM INVOICES SHOULD BE SENT, ALONG WITH THE E-MAIL ADDRESS AND/OR FAX NUMBER.

NAME OR DEPARTMENT _____ **FAX NUMBER** _____
E-MAIL ADDRESS _____

No terms or conditions of purchase different from the terms outlined on the attached (an integral part of this form) or in our published price list will become part of any sales or service agreement unless specifically approved in writing by Supplier.
Applicant agrees to notify Supplier by Certified Mail of any change in ownership that would change the party obligated by this debt and shall be responsible for all charges made to this applicant until such notice is received.
Applicant agrees to keep within Supplier's credit terms. Should the account ever become delinquent, Applicant agrees to pay interest of 1 1/2% per month (or legal limit if less) on any amount which becomes delinquent beyond 30 days. If the account is placed for collection, Applicant agrees to pay all costs and expenses of collection, including attorneys' fees and expenses. Standard terms, subject to credit approval, are Net 30 Days from invoice date. All orders are subject to credit approval and delay if account is delinquent or if credit line is exceeded.
All transactions conducted by or between the Applicant and Supplier shall be governed and construed in accordance with the laws of the state of Georgia. Applicant acknowledges and agrees that the exclusive place of jurisdiction for any action, suit or proceeding relating to all such transactions shall be in the state courts of Georgia sitting in Coweta County, Georgia.
The above information and all other given for the purpose of obtaining materials from supplier on credit is warranted to be true and correct to Applicant's best information. Applicant hereby authorizes the investigation of the references listed. All information will be held in confidence and used for credit granting purposes only.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **TITLE:** _____