



MASTER CONSTRUCTION PRODUCTS, INC.

P. O. Box 593918 Orlando, Florida 32824
Phone: 407 857 - 1221 Fax: 407 - 770 - 0125

Orlando: _____
St. Augustine: _____
New Port Richey: _____
Poinciana: _____
Vero Beach: _____

Date: _____ **APPLICATION FOR CREDIT**

Business Name / dba: _____

Street Address: _____ County: _____

City, State, Zip: _____ A/P Contact: _____

P.O.Box: _____ City, State, Zip: _____

Telephone: _____ Fax: _____

Cell: _____ Email Address: _____

Legal Form of Business: Sole Proprietor Partnership Corporation LLC
Date Established: _____ Corporation State: _____ Date Inc.: _____ P.O.#'s Required: Yes No

Tax Exempt #: _____ Federal ID #: _____

Principal Owner(s) - Partners - Officers:

Name: _____ Title: _____

Home Address: _____ Phone: _____

City, St Zip: _____ Cell: _____

Trade References - Please list business with which you have an open Line Of Credit and are currently or have done business within the last 6 months.

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Bank Reference:

Bank Name: _____ Acct. #: _____

Bank Officer: _____ Phone Number: _____

Credit Terms / Personal Guarantee

Any invoice is past due if not paid within thirty (30) days of the date of the invoice. In the event you fail to pay an invoice within thirty (30) days, you acknowledge and agree that a finance charge in the amount of 1-1/2% per month shall be added to the invoice until the invoice is paid. In no event shall the finance charge incurred exceed the maximum rate permitted by law. You also acknowledge and agree that you shall be liable for any and all costs, including attorney's fees, incurred in connection with the collection of any past due invoice, whether a civil action is filed or not. If it is necessary to file a civil action, you agree that the exclusive venue and jurisdiction for such action shall be the Federal District for the Middle District of Florida, Orlando Division or any appropriate state court within the Orange County, Florida. You specifically waive any objections to venue and jurisdiction in such courts, including any objection based on inconvenient forum. You also agree to waive trial by jury in any action relating to collecting an unpaid invoice. The parties agree that Florida law shall apply to any legal dispute. By signing below, you acknowledge and warrant you are the authorized representative of the company named above and are duly authorized to enter into this agreement on such company's behalf. By signing as the personal guarantor below, you are further acknowledging and agreeing that you are personally guaranteeing the payment of any debt incurred by the company named above and Master Construction Products, Inc. Your individual and personal credit history may be a factor in the evaluation of the credit history of the applicant and by signing below; you authorize Master Construction Product, Inc. or its agent, to obtain a consumer credit report to assist in the credit evaluation process.

Payment Guarantee Authorized Signature of Officer _____

Printed Name/Title (Must be an officer, or authorized signor if incorporated) _____

Personal Guarantee Authorized Signature _____

Printed Name _____

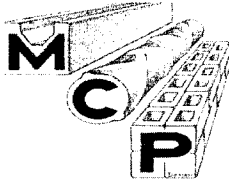
Suggested LOC by Salesman: _____

Salesman: _____

1099: _____

C.M. Initials: _____ L OC: _____

_____/_____/_____



MASTER CONSTRUCTION PRODUCTS, INC.

P. O. Box 593918
Orlando, FL 32859-3918
Phone: (407) 857-1221
Fax: (407) 770-0125

***CREDIT APPLICATION
VERIFICATION AUTHORIZATION***

Company Name: _____

dba: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I/We authorize the credit department of Master Construction Products, Inc. to verify our references so that we may establish an open Line of Credit with them.

The signature below is authorization for any Bank references and all trade references which we have listed on our credit application to provide information on their verification form. You will be provided with a copy of our credit application. If I/We have signed a personal guarantee as a sole proprietor it will also serve as authorization for a personal credit report to be furnished to Master Construction Products, Inc.

Date: _____

Name & Title (Please Print)

Authorized Signature

Name & Title (Please Print)

Authorized Signature

If any reference would like to verify that the above signatures are true and valid please call the authorized signor at this number: _____

Locations:

Corporate Office – Orlando

Branches – St. Augustine * New Port Richey * Poinciana * Vero Beach

To be completed at the time of application.