



(hereinafter called Seller)

**COMMERCIAL CREDIT APPLICATION**

Legal Name of Business			<i>Type of Organization:</i>  <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNER	
Tradestyle				
Address				
City	State	Zip Code		
Date Established	State Established In	Phone Number	Fax Number	
<b>Sales Tax Exempt</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach copy of certificate.)			<b>Contractor's License #</b>	
<b>Federal ID #</b>				

Corporate Officers or LLC Managers	
President/LLC Manager	Secretary
Vice-President/LLC Manager	Treasurer

Individual Owner/Partners of LLC Members (Attach additional sheet if necessary)			
Individual Owner	Name	Home Address	Social Security No.
	Partner/Member Name	Home Address	Social Security No.
	Partner/Member Name	Home Address	Social Security No.

<b>Credit Line Requested</b>	<b>Please attach latest annual financial and operating statements, accompanying notes and auditor comments to support this application.</b>		
Bank Name			Phone Number
Address, City, State, Zip Code		Person to Contact	
Savings Account Number	Checking Account Number	Loan Account Number	

**Complete Supplier Credit References, Additional Bank References and Proposed Guarantor(s) on Back Side**

In consideration for any extensions of credit by Seller, Purchaser agrees to the terms and to the conditions of sale shown on each invoice. Purchaser also agrees to pay late charges at a rate equal to the maximum permissible rate for contracts, or 18 percent per annum, whichever is less, on any unpaid delinquent balance until paid in full. Accrual of late charges shall not affect Seller's right to sue Purchaser for collection of delinquent balances. Purchaser also agrees to pay all Seller's collection expenses, including, without limitation, Seller's actual attorney fees and costs whether or not litigation is commenced against Purchaser, including those incurred prior to and at trial and on any appeal and those incurred in connection with any bankruptcy case or other insolvency proceeding commenced by or against Purchaser or any person granting a security interest to Seller. Purchaser agrees that this agreement is entered into and is governed by the laws of the state set forth in Seller's address below. Purchaser hereby affirms that the information contained in this application and in any attachments is true, complete, and correct, and acknowledges that Seller is relying on this information. If Seller makes any requested extension of credit, Purchaser agrees to provide updated financial information to Seller upon request and in any case no less frequently than annually.

Seller is authorized to make, and to update as Seller deems necessary, any investigation of the credit and/or employment status of Purchaser and any person signing below, either directly or through any agency employed by Sller, by obtaining credit reports or otherwise. Seller may disclose to any other interested parties Seller's creit experience with this credit account. Seller may also keep this application even if it decides not to extend credit. All credit availability decisions with respect to the extension andcontinuatiuon of credit shall be at the sole discretion of Seller. Seller may terminate credit availability at its discretion without prior notice.

Ther persons signing below acknowledge that they have read the foregoing and are authorised to sign this application on behalf of Purchaser to evidence Purchaser's agreement thereto.

Signed By  Title  Date

**Supplier Credit References: (List only those you have bought from within the last year)**

Name	Street Address	City	State	Zip Code	Phone Number
1					
2					
3					
4					
5					

List any other name(s) in which credit references and/or credit history may be verified:

1
2
3

**Additional Bank References**

Bank Name		Phone Number
Address, City, State, Zip Code		Person to Contact
Savings Account Number	Checking Account Number	Loan Account Number
Bank Name		Phone Number
Address, City, State, Zip Code		Person to Contact
Savings Account Number	Checking Account Number	Loan Account Number

**Proposed Guarantor(s) to Support Credit Line Request:**

Signature	Street Address, City, State, Zip Code:
Printed Name	
Social Security Number	
Signature	Street Address, City, State, Zip Code:
Printed Name	
Social Security Number	

Please return this application to:

**Carolina Precision Fibers, Inc.**

145 Factory Street

Ronda, North Carolina 28670

Phone (336) 527-4140

Fax (336) 527-4145

Toll Free 1-866-GRO-FAST