

CREDIT APPLICATION AND SALES AGREEMENT

NET 30 DAYS / NET 15 DAYS

6331 W. Van Buren Street Phoenix, AZ 85043 Tel (623) 444-2522 Fax (623) 670-7638

FoamArt Architectural Products.

CREDIT APPLICATION AND SALES AGREEMENT

In order to be considered for credit terms, please complete and sign the following form. Mail or fax to the address above.

In consideration of extension of credit and/or delivery of merchandise by FoamArt Architectural Products. the applicant agrees, acknowledges and warrants the following:

The undersigned hereby authorizes FoamArt Architectural Products. to contact the references listed in assessing my/our credit and financial standing. The undersigned represents and warrants that the information given is true and correct and attests financial responsibility, ability and willingness to pay all invoices within 15/30 days of date of invoice or as otherwise agreed upon. The undersigned also agrees to pay FoamArt Architectural Products. a finance charge calculated at a rate of 2% p.m. on any past due balances. A fee of \$25.00 will be charged on all returned checks. In the event of default in the payment of any amount due, the undersigned agrees to pay all outstanding finance charges, reasonable collection costs, including agency, attorney's fees and court costs incurred.

I/We agree to notify FoamArt Architectural Products. promptly in writing of any changes in ownership of the business conducted under the account name and agree to liability for all charges to the business conducted under the account name unless and until you receive written notice of the change in ownership.

FoamArt Architectural Products. maintains security interest in products sold until such time as payment is received in full.

Print Name Title _____

Credit Amount Requested \$ _____

NET 15/30 DAYS _____

Business Name: _____

DBA: _____

Billing Address: _____

City, State, Zip: _____

Shipping Address: _____

City, State, Zip: _____

Under present ownership since: _____

Form of Business _____

Proprietorship Partnership Corporation LLC _____

Type of Business _____

Phone: _____

Fax: _____

A/P Contact: _____

Buyer Contact: _____

Buyer E-Mail: _____

Company Website: _____

Resale or Sales Tax Exemption#: _____

Signature _____ Date _____