



THANK YOU FOR YOUR INTEREST IN SUPREMEMETAL INC. IN ORDER TO PROCESS YOUR REQUEST FOR CREDIT PLEASE FILL IN THIS APPLICATION AND FAX IT BACK TO (770) 740-6010 ALONG WITH A COPY OF YOUR RESALES TAX ID CERTIFICATE. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT A COPY OF YOUR RESALE CERTIFICATE.

CREDIT APPLICATION AND GUARANTEE

COMPANY NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ TEL # _____ FAX # _____
FEDERAL ID # _____ RESALES ID# _____ YEAR ESTABLISHED _____

LIST NAMES OF ALL OWNERS OR PRINCIPAL CORPORATE OFFICERS

NAME _____ SOCIAL SECURITY # _____ PHONE # _____
HOME ADDRESS: _____
NAME _____ SOCIAL SECURITY # _____ PHONE # _____
HOME ADDRESS _____
NAME: _____ SOCIAL SECURITY # _____ PHONE # _____
HOME ADDRESS _____

BANKING INFORMATION

NAME OF BANK _____ ACCOUNT # _____
ADDRESS _____ CONTACT PERSON _____
TELEPHONE # _____ FAX # _____

NAME, ADDRESS, TELEPHONE NUMBER AND FAX NUMBER OF TRADE REFERENCES

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TEL # _____ FAX # _____	TEL # _____ FAX # _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TEL # _____ FAX # _____	TEL # _____ FAX # _____

A SERVICE CHARGE OF 1 1/2% PER MONTH WILL BE MADE ON ALL BILLS REMAINING UNPAID AFTER 30 DAYS FROM DATE OF INVOICE. IF THIS ACCOUNT IS PLACED IN THE HANDS OF A COLLECTION AGENCY OR ATTORNEY FOR COLLECTION, THE UNDERSIGNED SHALL PAY AN AMOUNT EQUAL TO 25% OF THE UNPAID PRINCIPAL AND INTEREST AS A COLLECTION FEE, WHICH AMOUNT THE UNDERSIGNED AGREES IS REASONABLE. THIS IS TO CERTIFY THAT I AM A PRINCIPAL IN THE ABOVE BUSINESS AND IN CONSIDERATION FOR THE EXTENSION OF CREDIT, I DO PERSONALLY GUARANTEE PAYMENT OF ANY AND ALL INVOICES WHICH REMAIN UNPAID FOR A PERIOD OF THIRTY (30) DAYS OR LONGER. THIS APPLIES TO THE ABOVE BUSINESS, AND/OR COMPANY, AND/OR ALL AFFILIATE COMPANIES, AND/OR SUCCESSOR COMPANIES.

ALL PRINCIPALS MUST SIGN

_____ (PRINT NAME)	_____ (LEGAL SIGNATURE)	_____ (DATE)
_____ (PRINT NAME)	_____ (LEGAL SIGNATURE)	_____ (DATE)
_____ (PRINT NAME)	_____ (LEGAL SIGNATURE)	_____ (DATE)

SUBJECT: RELEASE OF CREDIT INFORMATION

In order to complete our credit investigation we request written consent from you to obtain information from your references. Please have this release signed by authorized individual(s) and faxed back to our fax number listed below. We cannot process your request for open account without this form on file.

By your signature you hereby authorize and give permission to SupremeMetal Inc. to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report. You also authorize SupremeMetal Inc. to contact the credit references listed and hereby give permission to contact those references listed to release information about your credit.

DATE: _____

SIGNED BY: _____

TITLE: _____

COMPANY: _____

FAX (770) 740-6010

BLANKET RESALE CERTIFICATE

The undersigned vendee hereby certifies that it is licensed under the laws of the State of _____ permit number _____ and that all the tangible personal property purchased from:

SupremeMetal Inc.
3125 Trotters Pkwy.
Alpharetta, GA 30004

Is exempt from sales and use tax for the following reasons:

- Resale, in the regular course of business, in the form of tangible personal property.
- Incorporated the same, as a material, ingredient or component part, into tangible property produced for sale.
- Other authorized exemption (describe): _____

The vendee is principally engaged in the sale of (describe nature of merchandise or service sold): _____

The merchandise being purchased from the above named vendor is: _____

This certificate shall be considered a part of each order given by vendee from and after the effective date hereof, unless such order shall otherwise specify. This certificate shall continue in full force and effect unless and until revoked in writing by vendee. The vendee understands and agrees that if it uses any property purchased tax-free under this certificate in any manner, which would not exempt the sale from tax, it becomes the user or consumer of such property, and as such assumes the liability for and undertakes to pay the tax and interest and penalty thereon, if any.

Dated as of ____ day of _____

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

(Company Name)

(Address)

(City, State, Zip)

(Name of owner, partner, member, or officer of corporation, authorizing the purchase)

(Signature)

Return Merchandise Policy:

Please note that SupremeMetal does not give “cash” refunds, but issues credit memos for future orders and by signing this application, you accept this policy.

Personal Guarantee:

In consideration of credit being extended by SupremeMetal to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to SupremeMetal the faithful payment, when due, of all accounts of said applicant for the purchases made within five (5) years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by _____, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked. If account goes into collection, you are responsible for all fees that may be imposed on SupremeMetal.

Name

Date

**Email Application to
talisha@suprememetal.com**