



527 THIRD ST. P.O. BOX 51778
 TELEPHONE: 504-895-0322
 FAX: 504-895-0366
 NEW ORLEANS, LOUISIANA 70151

10380 THREE RIVERS ROAD
 TELEPHONE: 228-831-3900
 FAX: 228-831-0090
 GULFPORT, MISSISSIPPI 39503

10058 INDUSTRIPLEX AVENUE
 TELEPHONE: 225-677-8982
 FAX: 225-677-8383
 GONZALES, LOUISIANA 70737

BUILDING SPECIALTIES COMPANY

BUILDING SPECIALTIES COMPANY
APPLICATION FOR CREDIT

SALESMAN # _____

DATE OF APPLICATION _____ DATE BUSINESS ESTABLISHED _____

NAME OF BUSINESS _____ PHONE _____

MAILING ADDRESS _____ FAX _____

CITY & STATE _____ ZIP CODE _____

SHIPPING ADDRESS _____

CITY & STATE _____ ZIP CODE _____

CORPORATION PARTNERSHIP INDIVIDUAL CREDIT LINE REQUESTED (PER MONTH) \$ _____

OWNER _____ PRESIDENT _____

ACCOUNTS PAYABLE CONTACT _____ PHONE _____

WEB ADDRESS _____ ACCOUNTING FAX _____

YES - PLEASE EMAIL OUR INVOICES

TO: _____

IF TAX EXEMPT, PLEASE INCLUDE A COPY OF YOUR CERTIFICATE OF RESALE. IF NOT PROVIDED, SALES TAXES WILL BE CHARGED

BANK NAME _____ BANK OFFICER _____

BANK FAX _____ BANK PHONE _____

TRADE REFERENCES

- | | |
|--|--|
| <p>1. COMPANY NAME &
ADDRESS _____
FAX PHONE _____</p> | <p>3. COMPANY NAME &
ADDRESS _____
FAX PHONE _____</p> |
| <p>2. COMPANY NAME &
ADDRESS _____
FAX PHONE _____</p> | <p>4. COMPANY NAME &
ADDRESS _____
FAX PHONE _____</p> |

IN ORDER FOR BUILDING SPECIALTIES CO. TO EXTEND CREDIT, ALL APPLICABLE AND REQUESTED INFORMATION MUST BE SUPPLIED. FAILURE TO SUPPLY THIS INFORMATION WILL RESULT IN A DENIAL OF CREDIT. CREDIT WILL NOT BE CONSIDERED WITHOUT A SIGNATURE BELOW AND NO ALTERATION OF TERMS WILL BE ACKNOWLEDGED UNLESS APPROVED BY BUILDING SPECIALTIES COMPANY MANAGEMENT.

TERMS OF SALE: NET 30 DAYS, SERVICE CHARGE OF 1-1/2% PER MONTH (18% PER ANNUM) WILL BE ASSESSED AFTER ACCOUNT IS 60 DAYS OLD AND ACCOUNT WILL BE PLACED ON C.O.D. UNTIL PAYMENT IS RENDERED AND ACCOUNT IS CURRENT.

IN CONSIDERATION OF AN OPEN ACCOUNT PRIVILEGE, I HEREBY UNDERSTAND AND AGREE TO THE ABOVE TERMS. SHOULD IT BECOME NECESSARY TO PLACE THIS ACCOUNT FOR COLLECTION, I SHALL PERSONALLY OBLIGATE MYSELF AND MY CORPORATION, IF ANY, TO PAY THE ENTIRE AMOUNT DUE INCLUDING SERVICE CHARGES (AS STATED ABOVE), THIRTY THREE AND ONE THIRD (33-1/3%) ATTORNEY'S FEES AND ALL COSTS OF COLLECTION, INCLUDING COURT COSTS.

SIGNED _____ TITLE _____

COMPANY _____ DATE _____