

Bay Insulation of Pennsylvania

Member of the Bay Corporate Family

DIVISIONAL INFORMATION:

40 Hilton Street
Easton, PA 18042
Phone 610-258-7335 Fax 610-258-7442

CORPORATE /CREDIT INFORMATION:

Please Return Original to: P.O. Box 9229
Green Bay, WI 54308
Phone 920-406-4000 Fax 920-406-4920

APPLICATION FOR CREDIT (DM-JFM)

Customer Name _____
Parent Company (if subsidiary) _____
Address _____ City, State, Zip _____
Mailing Address (if different from above) _____
Phone () _____ Fax () _____ E-mail Address _____
Accounts Payable Contact Name(s) _____

ORGANIZATION

Years in Business _____ Years at Present Location _____ Corporation Partnership Proprietorship Other _____
Federal ID # _____ Sales Volume _____ Desired Credit Limit _____
Are you tax-exempt? ___ Yes ___ No If yes, please provide a copy of your exemption certificate.
Have you ever done business with us under a different name? ___ Yes ___ No If yes, under what name? _____
Have you ever been involved in bankruptcy proceedings? ___ Yes ___ No If so, date filed. _____

OWNERS/OFFICERS

| | | |
|-------------|---------------|-----------------|
| Name _____ | Address _____ | Phone () _____ |
| Title _____ | | SSN # _____ |
| Name _____ | Address _____ | Phone () _____ |
| Title _____ | | SSN # _____ |
| Name _____ | Address _____ | Phone () _____ |
| Title _____ | | SSN # _____ |

REFERENCES

Bank Reference

Name _____ Address _____ Account # _____
Phone () _____ Fax () _____ Contact _____

Trade References

| | | |
|-----------------|---------------|-----------------|
| Name _____ | Address _____ | Account # _____ |
| Phone () _____ | Fax () _____ | |
| Name _____ | Address _____ | Account # _____ |
| Phone () _____ | Fax () _____ | |
| Name _____ | Address _____ | Account # _____ |
| Phone () _____ | Fax () _____ | |

The undersigned understands the following information is being submitted for the purpose of obtaining credit from AWS/gb Corporation and any and all of its affiliated corporations and their divisions and subsidiaries, including new and additional affiliations that may arise subsequent to the date of this application. Customer also authorizes the investigation of this information through banks and references cited herein. Customer understands our terms are net 30 days, and agrees to pay within these terms. Customer agrees to pay service charges of 2% per month or the highest rate allowed by law (whichever is the lesser) from the due date of each invoice to payment. In event customer's account is placed for collection, customer agrees to collection and/or attorney fees of 25% of the amount owed. The undersigned personally and individually guarantees unconditionally full and prompt payment of past, present, and future obligations and terms due creditor from customer, and/or any successor in interest (corporate or non corporate) to customer's business, hereby waiving notice of acceptance of this guaranty, notice of rendering services and/or sale of goods provided customer by creditor and notice of default or change or extension of credit terms. This is a continuing guaranty of payment which may not be revoked except in writing.

Print Name _____ Sign Name _____ Date _____