

CREDIT APPLICATION

DATE _____

IN ORDER TO SECURE CREDIT FROM BONTEL FASTENER CORP. WE THE UNDERSIGNED, MAKE FOLLOWING REPRESENTATION:

DATE OF INCORPORATION _____ TYPE OF BUSINESS _____
NAME: _____ PHONE _____
BILLING ADDRESS _____ FAX _____
CITY AND STATE _____ ZIP CODE _____
SHIPPING ADDRESS _____ ZIP CODE _____
OWNER'S NAME _____ TAX EXEMPT # _____
OWNER'S ADDRESS _____

PARTNER (S) NAME _____ ADDRESS _____
NAME _____ ADDRESS _____

CORPORATION OFFICERS:
PRESIDENT _____
VICE-PRESIDENT _____
SECRETARY _____
TREASURER _____

NAME OF FINANCIAL INSTITUTION _____ ACCOUNT # _____
ADDRESS _____
PHONE _____ FAX _____
BANK REPRESENTATIVE TO CONTACT _____

CREDIT REFERENCES

BUSINESS NAME	MAILING ADDRESS CITY/STATE/ZIP	PHONE/FAX
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In consideration of Bontel Fastener Corp. extending credit to the above company, we the undersigned Guarantee payment of all goods purchased from Bontel Fastener Corp.
In the event the account remains unpaid 30 days after the date of billing, the undersigned agrees to pay the late charge in the amount of 1-1/2% per month of the unpaid balance. In the event this account is referred for collection, the undersigned agrees to pay a reasonable attorney's fee and all collection costs. Venue shall be in Pinellas County, Florida.
I acknowledge that my signature hereon authorizes the above named financial institution to furnish information to Bontel Fastener Corp.

SIGNED BY _____ DATE _____
TITLE _____

Do you require a purchase order? _____ Do you accept backorders? _____
Amount of credit requested? _____

If the company is TAX EXEMPT, please sign and return exemption certificate with application.
SPECIAL INSTRUCTIONS? _____

DATE OF FIRST DELIVERY _____ SALESMAN _____

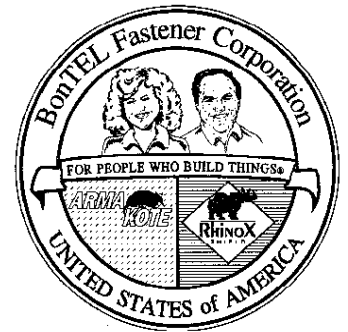
BONTEL FASTENER CORPORATION
6891 102ND AVENUE NORTH, PINELLAS PARK, FL 33782
PHONE: 1-800-241-0790 727-544-6667 FAX: 727-545-5542

BONTEL FASTENERS CORPORATION

"For People Who Build Things"

6891 102nd Avenue N., Pinellas Park FL 33782

Phone: 727-544-6667 Fax: 727-545-5542



BANK RELEASE FORM

Please provide the above listed company with the following information to enable us to establish an account with them:

Customer:

Company Name _____ Address _____

Bank Name _____ Acct# _____

Address _____

Phone # _____

Fax # _____

I authorize the above listed company to obtain this information on our account.

Signature _____ Date _____

Title authorized Signer of Contract

Bank:

Date Account opened _____ Returned Items _____

Average Balance _____ Rating _____

Loans Secured _____ Loans Unsecured _____

Your opinion of this

Company _____

Signature _____ Date _____

Title / Authorized Bank Representative