WIREPRODUCTSINC
OF FLORIDA

CREDIT APPLICATION

4300 NW 10th Avenue
Fort Lauderdale, FL 33309
Phone: 954-772-1477 Fax: 954-772-0712

The following information is submitted as a basis for the extension of credit to us:

1. The legal name of our business is:_____,

   and we operate a_____which has been established for_____ years.
   (Type of Business)

2. Our business is a_____under the laws of the state of_____.
   (Corporation, Partnership, etc.) (State)

3. Our business address is:_____

   Phone:_____Fax:_____City & State:_____Zip Code:_____

4. The Owners, Partners, Officers and/or Stockholders are:

NAME	HOME ADDRESS	HOME PHONE	OFFICE/OWNER

5. We bank at: _____Address:_____
   (Bank's name)

   Account #:_____ Phone:_____Fax:_____

6. Our suppliers and credit references are: (Please list at least 3)

COMPANY	STREET ADDRESS	CITY & STATE	PHONE & FAX #

7. **What items will you be buying from Wire Products:** _____

8. **We expect our monthly credit requirements to be $**_____. Do you use purchase orders? _____

In consideration of Wire Products, Inc. of Florida and affiliates extending credit, we do hereby agree jointly and severally to pay for all goods, wares and merchandise supplied to any of us and/or the above named business. In the event it becomes necessary to place the account with an attorney for collection, we agree to pay all cost of collection including reasonable attorney's fees and hereby waive our privilege of being sued in the county of our residence and agree that suit may be brought in **BROWARD COUNTY**, Florida.

We agree to immediately notify Wire Products, Inc. of Florida at the above address of any change in ownership or form of said business. The instrument shall remain in full force and effect until actual notice of revocation is received by Wire Products, Inc. of Florida at the above address.

SIGNED & DELIVERED this _____day of_____, 200_____
Witnesses: (Must have two (2))

_____ _____(LS) _____(LS)
(Signature) (Signature)

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OF FLORIDA

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BANK CREDIT INFORMATION RELEASE

Bank name: _____ Date: _____

Address: _____

_____

Gentlemen:

_____ _____
NAME OF APPLICANT CHECKING ACCOUNT NUMBER

Has applied with our firm to make purchases by check. Will you please provide the following information so that we may complete this transaction. If the account is closed, please supply past experience and return this form via **Fax 954-772-0712** as soon as possible.

You can be assured that your reply will be held in strict confidence. If you have any questions regarding this matter, please feel free to contact us.

Yours truly,

Douglas Schleenbaker
Vice President
Wire Products Inc. of Florida

--------- Bank use only ---------

Date account opened: _____ Average balance: $_____

Returned check history (if none, please state):_____

Is this account satisfactory? Yes _____ No _____

By: _____ Title: _____

I would like to pay for materials from the above company by check. I authorize you to furnish the above company with the requested information. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your office.

_____
SIGNATURE OF APPLICANT