



Indalex America Inc.
3000 Lakeside Dr., Suite 309 S.
Bannockburn, IL 60015
Telephone: (847) 810-3000
Facsimile: (847) 295-3782

Confidential Credit Application

We hereby apply for the extension of credit by your firm and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

Firm's Legal Name:
Operating or Trade Name:
Street: City: State Zip
Phone: Fax:
Type of Business: Date Started
Corporation Partnership Limited Partnership Proprietorship
If Incorporated, State in which Incorporated:
Chief Financial Officer: Phone:
Chief Financial Officer's Address:

Principal Owners or Stockholder:

Table with 3 columns: Name, Address, Title

Trade References (please list a minimum of three)

Table with 3 columns: Name, City & State, Phone & Fax

Bank Reference

Name: Phone:
Street Address:
City: State: Zip:
Account #: Bank Officer:

APPLICANT'S SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS OF NET 30 DAYS FROM INVOICE DATE. SHOULD it be necessary to place this account for collection, I/we agree to pay all collection cost and attorney fees. I/we also agree that if part payments are made or no payment is made on the account within the terms specified that you have the right to assess and I/we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1 1/2 % to the past due balance. This is an annual percentage rate of 18%.

Authorized Signature: Title:
Print Name: Date:
Witness: