



Credit Application and Agreement

Please check the appropriate division:

Amerimax Home Products _____ Berger Building Products _____ Global Expanded Metals _____

* Denotes required information

Sales Representative:

*Company Name: (Legal Entity)	*Phone:
*Physical Address:	*Fax:
*City State Zip:	Email:
Bill To/Mailing Address:	Webpage:
City State Zip:	Primary Business:
AP Contact:	Phone:
	Fax:

*CORPORATION

State of Incorporation:	Date of Incorporation:	Federal ID #	
President:	Vice President:		
Type of Corporation:	Duns Number:		

*PARTNERSHIP/SOLE PROPRIETORSHIP (Names of Individuals)

Name:	Phone:
Name:	Phone:

*TRADE REFERENCES (We will not process without fax numbers)

Company Name & Address	Phone:
	*Fax:
Company Name & Address	Phone:
	*Fax:
Company Name & Address	Phone:
	*Fax:
Company Name & Address	Phone:
	*Fax:

ADDITIONAL BUSINESS INFORMATION

Is Sales Tax to be Included on Invoices?	Yes	No	Exemption #:	Send Exemption Certificates
Indicate each state in which you operate a branch location:			Estimated Volume in \$ per month (Requested Credit Limit)	\$
Do you have an order placed with us at this time? (Requesting expedited credit processing) Send P.O. w/app	Yes	No		

Credit Application and Agreement

Signer attests that all information given on the above Application is complete, true, and correct, that this information is being furnished for the purpose of Applicant obtaining credit from Euramax International, Inc., that he/she is authorized to sign this application on behalf of the Applicant, and that he/she has read, understood, and agreed to the Terms and Conditions included hereof. If Applicant faxes this application form to our Credit Department to facilitate the credit process, Applicant shall send the original to Euramax International, Inc., 5445 Triangle Pkwy, Suite #250, Norcross, GA 30092 within three (3) days of the fax. In the absence of an original signed application, Applicant and Euramax International, Inc. agree that a fax shall act as an original. Euramax International, Inc. shall not assume any responsibility for any delay in the credit process caused by Applicant's delay in providing the required information and forms cited herein. All Terms and Conditions listed on page 2 & 3 of the credit agreement are incorporated by reference into this agreement. The undersigned hereby consent(s) to Euramax International Inc. use of non-business consumer credit reports on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal, proprietor, and/or guarantor in connection with the extension of business credit as completed by the credit application. The undersigned hereby authorizes Euramax International Inc to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned individual(s) hereby knowingly consents to the use of such credit reports consistent with the Federal Fair Credit Reporting Act.

Signature _____ Date: _____

Print Name & Title _____

Acknowledgement of Euramax International Inc. Credit Terms

1. It is understood that Euramax International, Inc's standard terms of sale are "Net 30 days from the date of the invoice".
2. The Customer/Applicant identified herein promises to pay Euramax International, Inc. its reasonable attorney fees and court costs incurred in collecting, or attempting to collect, said invoices or in enforcing Euramax's rights in any collateral that may be tendered in securing payment of said invoices, provided the same legally allowed by the laws of the State of Pennsylvania or the state where the subject collateral is situated.
3. I understand that a copy of my firm's financial statement is a required part of this credit application. I agree to supply this financial statement and to provide a copy in future years. Euramax International, Inc. agrees to hold this information in confidence and to use it only as a basis upon which credit is granted.
4. Buyer and Seller agrees that all agreements related to the sale of Seller's goods to Buyer, including extension of credit, will have been entered into and performed in the Commonwealth of Pennsylvania. For any lawsuits between Buyer and Seller, Buyer submits to the exclusive jurisdiction of, and shall not object to the laying of venue in, the Court of Common Pleas of Lancaster County, Pennsylvania, or the United States District Court for the Eastern District of Pennsylvania (together, the "Selected Courts"). Any lawsuit brought by Buyer in any other court or tribunal shall, at Seller's request, be dismissed or transferred to one of the Selected Courts.

The applicant agrees to the aforementioned terms as evidence by the signature below

Date _____ Signature _____

INDIVIDUAL PERSONAL GUARANTEE
(optional or if required for final approval)

Date _____ Social Security Number _____

I, _____, residing at _____ for and in consideration

of your extending credit at my request to _____
(Name of Company)

(hereinafter referred to as the "Company"), of which I am _____
(Title)

hereby personally guarantees to Euramax International, Inc. of any obligation of the Company and I hereby agree to bind myself to pay you, on demand, any sum, which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such debt due to the Company. I do hereby waive notice of default, nonpayment, and notice thereof, and consent to any modifications or renewal of this credit agreement there guaranteed. I also agree to pay the monthly service charge of 1.5% on any balance not paid by the end of the month following the date of the invoice.

Date _____ Signature _____, individual

PLEASE FAX COMPLETED APPLICATION TO (877) 751-2226 OR EMAIL TO: ARCCREDIT@EURAMAX.COM

**EURAMAX INTERNATIONAL INC.
BANK REFERENCE AUTHORIZATION**

SECTION TO BE COMPLETED BY APPLICANT

Name of Account Holder/Company: _____

Primary Account Number: _____

Name of Bank/Financial Institution: _____

Fax Number of Bank: _____

Phone Number of Bank: _____

Relationship Manager/Contact: _____

***AUTHORIZATION**

I authorize the above financial institution to release information regarding our account relationship with Euramax International, Inc. and request that you promptly send them the following information in order to facilitate the opening of a line of credit with this supplier.

Authorized Signature: _____

SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Date Account Opened: _____ Type of Account: _____

Deposit Accounts: _____ Average Collective Balance

1. _____

2. _____

Loan Accounts/Line of Credit:

Type of Loan	High Credit	Current Balance	Past due
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

How have the Accounts been maintained? Satisfactory Unsatisfactory

Comments:

**PLEASE FORWARD TO EURAMAX
AT FAX (877) 751-2226, ATTN: CREDIT DEPT.
OR EMAIL TO: ARCREDIT@EURAMAX.COM**

Bank Officer's Signature: _____

(*) By signing above, signer authorizes the above listed Bank to furnish a complete history of Applicant's deposit and loan accounts to date. In the event the above listed bank requires a service fee for providing Applicant's deposit and loan account history, the Applicant authorizes the Bank to debit the service fee to the deposit account referenced above