



**CONSOLIDATED
CONSTRUCTION
PRODUCTS, INC.**

DISTRIBUTION YARDS

ANDOVER, OH • CUYAHOGA, OH • LONDON, OH • WALBRIDGE, OH
MATTAWAN, MI • CORAOPOLIS, PA • PENDELTON, IN • CARROLLTON, KY

SALES OFFICES

P.O. BOX 1330
ANDOVER, OH 44003
Phone: (440) 293-7788
Fax: (440) 293-5428

100 MARC DRIVE
CUYAHOGA FALLS, OH 44223
Phone: (330) 922-3670
Fax: (330) 922-3672

P.O. BOX 271
CORAOPOLIS, PA 15108
Phone: (412) 299-1117
Fax: (412) 262-3444

TO: _____
ATTN: _____
FAX: _____
DATE: _____
RE: Credit Application

Thank you for your interest in obtaining an open account with Consolidated Construction Products, Inc.

Pages 2, 3, and 6 are MANDATORY as well as any other pages that pertain to your company. Please return via fax to 440-293-5428 and MAIL THE ORIGINAL TO P.O. BOX 1330 ANDOVER, OH 44003.

If you have any questions regarding the following information, please feel free to call me at 440-293-7788. We appreciate your business and look forward to serving you in the future.

ROGER KING, CREDIT MANAGER
Consolidated Construction Products, Inc.

CREDIT APPLICATION AND CONTRACT

THE UNDERSIGNED hereby applies to Consolidated Construction Products, Inc. for an open credit account and represents and warrants the following credit information to be true and accurate and complete.

ANY CREDIT EXTENDED will be in reliance on the statements herein, which are certified to be correct and complete. If any part of this application is incorrect or incomplete, then the total indebtedness shall become immediately due and payable.

FOR AND IN CONSIDERATION of goods received or to be received on open account, the undersigned hereby promises to pay Consolidated Construction Products, Inc. the following:

1. The balance shown on each invoice in full according to the terms on each invoice;
2. Service charges of 1.5% PER MONTH compounded monthly which is an annualized rate of 19.5618% PER ANNUM.
3. The entire balance of the open account, at the option of Consolidated Construction Products, Inc. should any part of the account become past due;
4. All costs and expenses, including attorney's fees, incurred in collecting the open account or any part thereof.

IT IS UNDERSTOOD that purchases will be billed the following day in which the purchases were delivered. In order to avoid a FINANCE CHARGE, the balance shown on any invoice must be paid in full within 30 days of the date on the invoice. The FINANCE CHARGE is computed by a periodic rate of 1.5% per month compounded monthly which is an annualized rate of 19.5618% per annum applied to the previous balance after deduction of any payments, returns, and credits. Invoices not paid within 30 days of the date of the invoice shall be considered past due.

WARNING- BY SIGNING THIS PAPER YOU GIVE UP YOUR RIGHT TO NOTICE AND COURT TRIAL. IF YOU DO NOT PAY ON TIME, A COURT JUDGEMENT MAY BE TAKEN AGAINST YOU WITHOUT YOUR PRIOR KNOWLEDGE AND THE POWERS OF A COURT CAN BE USED TO COLLECT FROM YOU REGARDLESS OF ANY CLAIMS YOU MAY HAVE AGAINST THE CREDITOR WHETHER FOR RETURNED GOODS, FAULTY GOODS, FAILURE ON HIS PART TO COMPLY WITH THE AGREEMENT, OR ANY OTHER CASE.

THE ABOVE TERMS HAVE BEEN REVIEWED AND ARE HEREBY AGREED TO WITH THE INTENT TO BE LEGALLY BOUND.

THIS _____ DAY OF _____, 20_____.

Name of business/Individual: _____

(PLEASE PRINT LEGIBLY)

Signature: _____

Position: _____

BUSINESS/INDIVIDUAL NAME: _____

(PLEASE PRINT LEGIBLY)

BUSINESS/INDIVIDUAL ADDRESS: _____

(PLEASE PRINT LEGIBLY)

PHONE NUMBER: (____) _____-_____ CELL: (____) _____-_____ FAX: (____) _____-_____

TO BE FULLY COMPLETED BY ALL APPLICANTS

PRINCIPAL CHECKING ACCOUNT IS HELD AT: _____

OFFICE LOCATION: _____

ACCOUNT NUMBER: _____ PHONE #: (____) _____ - _____

THE PRINCIPAL LENDER TO THE BUSINESS IS: _____

ADDRESS: _____

TOTAL LOANS: _____ PHONE #: (____) _____ - _____

DO THESE LOANS INCLUDE A LINE OF CREDIT? _____ IF YES, AMOUNT: _____

PLEASE PROVIDE THE THREE (3) MAJOR BUSINESS REFERENCES:

1. BUSINESS NAME: _____

ADDRESS: _____

PHONE #: (____) _____ - _____ FAX #: (____) _____ - _____ CONTACT: _____

2. BUSINESS NAME: _____

ADDRESS: _____

PHONE #: (____) _____ - _____ FAX #: (____) _____ - _____ CONTACT: _____

3. BUSINESS NAME: _____

ADDRESS: _____

PHONE #: (____) _____ - _____ FAX #: (____) _____ - _____ CONTACT: _____

I/WE READ AND UNDERSTAND THE CREDIT TERMS SET FORTH HERIN AND AUTHORIZE CONSOLIDATED CONSTRUCTION PRODUCTS, INC. TO OBTAIN INFORMATION FROM THE REFERENCES LISTED IN THIS APPLICATION OR BY CREDIT BUREAU REPORT.

DATE: _____ BUSINESS NAME: _____

SIGNATURE : _____ (SEAL)

SIGNATURE: _____ (SEAL)

PARTNERSHIPS MUST FILL OUT THIS PAGE

NAME OF PARTNERSHIP: _____

BUSINESS ADDRESS: _____

PHONE #: (____) ____-____ GENERAL OR LIMITED PARTNERSHIP: _____

NUMBER OF YEARS IN BUSINESS: _____

LIST INFORMATION FOR ALL PARTNERS, INCLUDING TITLES. IF A LIMITED PARTNER, PLEASE INDICATE:

NAME (& TITLE): _____

ADDRESS: _____

PHONE NUMBER: (____) ____-____

NAME (& TITLE): _____

ADDRESS: _____

PHONE NUMBER: (____) ____-____

NAME (& TITLE): _____

ADDRESS: _____

PHONE NUMBER: (____) ____-____

ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU? YES _____ NO _____

HAVE YOU EVER DECLARED BANKRUPTCY? YES _____ NO _____

AMOUNT OF CREDIT REQUESTED: _____

DO YOU PLAN TO GET A BANK LOAN? _____

IF YES NAME OF BANK _____

LOAN OFFICER: _____ PHONE NUMBER (____) ____-____

CORPORATIONS MUST FILL OUT THIS PAGE

NAME OF CORPORATION: _____

BUSINESS ADDRESS: _____

PHONE #: (____) ____-____

DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____

LIST INFORMATION FOR ALL OFFICERS IN THE CORPORATION INCLUDING TITLES:

NAME (& TITLE): _____

ADDRESS: _____

PHONE NUMBER: (____) ____-____

NAME (& TITLE): _____

ADDRESS: _____

PHONE NUMBER: (____) ____-____

NAME (& TITLE): _____

ADDRESS: _____

PHONE NUMBER: (____) ____-____

NAME (& TITLE): _____

ADDRESS: _____

PHONE NUMBER: (____) ____-____

ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU? YES _____ NO _____

HAVE YOU EVER DECLARED BANKRUPTCY? YES _____ NO _____

AMOUNT OF CREDIT REQUESTED: _____

DO YOU PLAN TO GET A BANK LOAN? _____

IF YES NAME OF BANK _____

LOAN OFFICER: _____ PHONE NUMBER (____) ____-____

INDIVIDUAL PERSONAL GUARANTY

Date _____ 20_____

I, _____, residing at _____

_____, for and in consideration of your extending credit at my request to _____, of _____ which I am _____, hereby personally guarantee to you the payment at CONSOLIDATED CONSTRUCTION PRODUCTS, INC. , in Andover, Ashtabula County, State of Ohio, 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 guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. In the event it becomes necessary to institute suit to collect the original obligation hereby guaranteed, Guarantor agrees to pay costs of suit to include attorney fees

WARNING- BY SIGNING THIS PAPER YOU GIVE UP YOUR RIGHT TO NOTICE AND COURT TRIAL. IF YOU DO NOT PAY ON TIME, A COURT JUDGEMENT MAY BE TAKEN AGAINST YOU WITHOUT YOUR PRIOR KNOWLEDGE AND THE POWERS OF A COURT CAN BE USED TO COLLECT FROM YOU REGARDLESS OF ANY CLAIMS YOU MAY HAVE AGAINST THE CREDITOR WHETHER FOR RETURNED GOODS, FAULTY GOODS, FAILURE ON HIS PART TO COMPLY WITH THE AGREEMENT, OR ANY OTHER CASE.

Guarantor _____ Signature _____
(Please print your name)

Guarantor _____ Signature _____
(Please print your name)

Witness _____ Signature _____
(Please print your name)

Witness _____ Signature _____
(Please print your name)