

MITCHELL VENEERS, INC.

PHONE: (812) 941-WOOD(9663) FAX: (812) 941-9750
 4250 EARNINGS WAY NEW ALBANY, IN 47150
 EMAIL: MITCHELLVENEER@SBCGLOBAL.NET

BUSINESS CONTACT INFORMATION

| | | | |
|-----------------------------|--------------|--------------|-----------|
| Title: | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | | State: | ZIP Code: |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

BUSINESS AND CREDIT INFORMATION

| | | | |
|---|----------------|---------|-----------|
| Primary business address: | | | |
| City: | | State: | ZIP Code: |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Current Owners and/or Officers or Partners are: | | | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | | State: | ZIP Code: |
| Type of account | Account number | | |
| Savings | | | |
| Checking | | | |
| Other | | | |
| Has the company, or any of its owners or officers ever filed personal bankruptcy? Yes____ No____ If yes please give details:_____ | | | |

BUSINESS/TRADE REFERENCES

| | | | |
|------------------|------|---------|-----------|
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |

AGREEMENT

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURES

| | |
|--------|--------|
| Title: | Title: |
| Date: | Date: |