

CREDIT APPLICATION

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY/ STATE/ZIP: _____

TELEPHONE NUMBER: () _____ CONTACT NAME/TITLE: _____

FAX NUMBER: () _____ PRINCIPAL'S NAME/TITLE: _____

TYPE OF BUSINESS (CHECK ONE): _____ PRINCIPAL'S ADDRESS: _____

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

OTHER (DESCRIBE) _____

EMAIL ADDRESS: _____

FEDERAL ID# _____ NUMBER OF YEARS IN BUSINESS: _____

TAX EXEMPT: YES NO **IF YES, PLEASE ATTACH COPY OF SALES TAX CERTIFICATES.**

BANK REFERENCES :

Bank Name: _____

Account #: _____ Bank Contact: _____

Address: _____ City/State/Zip: _____

Phone Number: () _____ Fax Number: () _____

REFERENCE (A)

Company Name: _____

Account Contact: _____ City/State/Zip: _____

Phone Number: () _____ Fax Number: () _____

REFERENCE (B)

Company Name: _____

Account Contact: _____ City/State/Zip: _____

Phone Number: () _____ Fax Number: () _____

REFERENCE (C)

Company Name: _____

Account Contact: _____ City/State/Zip: _____

Phone Number: () _____ Fax Number: () _____

Please attach a copy of your latest Financial Statement. Confidentiality is guaranteed.

I hereby apply to Republic Powdered Metals, Inc. for credit, and this credit application is my authorization to contact credit references and banking institutions now and at any future date for full disclosure of current credit status. I agree that such disclosure be obtained by a financial institution or credit reporting company contracted for such purpose. I understand and accept the terms and conditions of sale, and guarantee the information contained herein to be true and complete. I understand that this application is not an agreement to extend credit, and that Republic Powdered Metals, Inc., at its discretion, may extend or withdraw credit at any time. I shall be responsible for any court costs or attorney fees incurred by Republic Powdered Metals, Inc. in the collection of the undersigned's account.

Terms of Sale: 2% 15 net 30 days and subject to Finance Charges of 1 1/2% per month (18% per year).

Signature (Owner/Officer):

Title:

Date:

Name of Republic Independent Sales Representative:

**Return to: Republic Credit Dept.
3735 Green Road u Beachwood, Ohio 44122
Fax# 216-292-5161**