

214 Industrial Lane Alum Bank, PA 15521

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Terms: Net 30 Days MasterCard/Visa (3.5% charge)

APPLICATION FOR CREDIT

INSTRUCTIONS

Title:

We appreciate the opportunity to provide a Creative Composites Group (CCG) product for your organization. In order for our credit department to expeditiously process your credit application, we request that you complete the credit application in its entirety. Please be thorough and make sure the information provided is current and correct. We suggest that you provide credit references that currently offer you credit in the dollar amount that will be representative of your transactions with CCG. It is important that you match the level of credit history on the anticipated dollar volume of material that will be shipped and billed in a 30-day period. Providing substantial credit references that are in-line with the dollar volume of business you plan to do with CCG, in a 30-day time frame, is the most effective thing you can do to expedite the credit process.

Credit will be granted only after a thorough investigation has been completed by our credit department. Credit terms may not be granted should flags arise from the background check. All information provided will be held in the strictest confidence.

DOING BUSINE	ESS WITH					
Please check the bo	ox next to the appropriate CCC	entity that you are doing busi	ness with. Note: This should	be the same comp	oany referenced in your quote.	
☐ Composite Advar	ntage	☐ E.T.Techtonics (DBA Creation	ve Pultrusions) 🛮 Kenway Co	omposites 🛮 To	wer Tech United Fiberglass	
BUSINESS CON	NTACT					
Name of Firm or Individual			Years At This Address	Am	nount of Credit Requested	
Address			Website			
City	State	Zip	Phone	Fax	«	
Accounts Payable Email Address - To Receive Invoices			Stock Symbol (If publicly	Stock Symbol (If publicly traded)		
BUSINESS OWN	NERSHIP					
☐ Corporation	☐ Check here if incorporated	within the past 12 months] Partnership □ Individuo	al		
FINANCE						
Bank Officer or Department Bank			Address		Phone	
REFERENCES						
Please be sure to in	aclude an e-mail address with yo	our references' contact informati	ion. Do not include a phone n	umber. It must be	an e-mail address.	
Business Name 1.		Complete Address		Zip	Email	
2.						
3.						
4.						
☐ Check here if cas	sh sales are okay until credit is ap	pproved.				
We certify that all in	nformation on this form is corre	ct. We fully understand your cre	edit terms and agree to prope	er payment in con	sideration of extended credit.	
Signed:			Date:			