COAST PAD AND TRIM CORP.

CREDIT AGREEMENT / APPLICATION

NAME OF APPLICANT	PHONE NO
STREET ADDRESS	FAX NO
CITY/STATE/ZIP	PARENT COMPANY
PLEASE INDICATE ONE OF	THE FOLLOWING: CORPORATION PARTNERSHIP SOLE PROPRIETOR
LIST PROPRIETOR,	PARTNER OR OFFICERS
NAME	SOCIAL SECURITY NO
STREET ADDRESS	CITY/STATE/ZIP
NAME	SOCIAL SECURITY NO
STREET ADDRESS	CITY/STATE/ZIP
The state of the s	YEAR ESTABLISHED PRESENT LOCATION SINCE
INCORPORATED: NO	YES IF SO, UNDER LAWS OF WHICH STATE
BANK AND IRADE	REFERENCES: GIVE NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT
	ACCOUNT NO PHONE NO
	CITY/STATE/ZIP
NAME	PHONE NO
STREET ADDRESS	CITY/STATE/ZIP
NAME	PHONE NO
STREET ADDRESS	CITY/STATE/ZIP
NAME	PHONE NO.
STREET ADDRESS	CITY/STATE/ZIP
	EXPRESS TERMS AND CONDITIONS
to establish an open ad information it consider to induce Coast Pad to purchases in accordan when due, the applicar annum on any past due suit to collect any amo	atements in this application are true, correct, complete, and are made for the purpose of inducing Coast Pade count line of credit and open book account. Coast Pad is hereby expressly authorized to obtain any is necessary from any source concerning the statements in this application. In consideration of, and in order establish an open account based on the foregoing application, the applicant promises to pay for all necessary to pay for all any time, for any reason, the applicant is unable to pay for purchases are agrees to pay and authorizes Coast Pad to bill our account for interest computed at the rate of 10 % per eamount owing on my/our account. In the event it becomes necessary to incur collection costs or institute unt due under this agreement or any portion thereof, the applicant promises to pay such additional less and expenses including reasonable attorney's fees.
	is Agreement does expressly personally and continually guarantees payment for all goods and merchandise icant. The undersigned personally guarantees and assumes joint and several responsibility to Coast Pad ny applicant.
I AUTHORIZE THE ABOVE	REFERENCED BANK TO RELEASE CREDIT INFORMATION TO COAST PAD
DATE	20 Corporate Officer's SIGNATURE
	DDINT NAME.

Return to: Coast Pad and Trim Corp. P.O. Box 2222, Santa Fe Springs, CA 90670 PH 562-298-1298 Fax 562-298-1398