



**CONFIDENTIAL CREDIT APPLICATION
CERTIFIED SLINGS, INC.**

310 W. MELODY LANE, CASSELBERRY, FL 32707
PHONE: 407-831-7449 FAX: 407-831-8799

For Office Use Only

Manager Initial _____

Customer Type _____

Credit Line Requested _____ Salesman _____

Estimated Annual Purchases _____

Company Name _____ (The "Applicant")

Phone _____ Fax _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Date Established _____ Type of Business _____ FL Sales Tax ID# _____
(Please send copy of (FL SALES TAX CARD))

Type of Entity: Proprietorship Partnership Corporation Other: _____

If Incorporated: State _____ Year _____ Sale/Use Tax Rate _____

Purchasing Contact: _____ Phone: _____ Email: _____

KEY MANAGEMENT MEMBERS AND OWNERS TITLES % OWNERSHIP

Bank _____ Address _____

City _____ State _____ Zip _____

Phone _____ Officer _____ Acct.# _____

PLEASE ATTACH FOUR TRADE REFERENCES, ADDRESS, PHONE, AND FAX NUMBERS

The undersigned Applicant hereby represents and warrants that the information submitted in this Credit Application is true and accurate to the best of Applicant's knowledge and belief, and may be relied upon by Certified Slings, Inc. (the "Company") in making its decision whether to extend credit to Applicant for purchases which Applicant may make from time to time. Applicant authorizes its bank and suppliers to furnish the Company any information necessary to complete its evaluation of Applicant's credit history. Applicant agrees to update this information and provide a new credit application to the Company whenever there is any material change to Applicant's business or financial status. Further, by signing where indicated below, the undersigned individual hereby represents and warrants that he or she is executing this Credit Application exclusively on behalf of and for the benefit of the "Applicant" named above, and not as an agent or representative of any other person or entity, and, to the extent the foregoing representation is ever determined to be inaccurate or misleading, the undersigned shall be personally liable to the Company for any credit extended as a result of this Credit Application.

If the Company extends credit to Applicant, Applicant agrees that all purchases shall be subject to the Company's normal terms and conditions contained in any delivery ticket, invoice, or other form which the Company may establish from time to time. Applicant agrees that purchases shall be due and payable within thirty (30) days of receipt, unless otherwise agreed upon in writing.

Applicant further agrees that any past due amounts shall incur interest at the rate of eighteen percent (18%) per annum from the date due until paid, and that in the event any action is necessary, on the Company's behalf, to recover any such amounts, the Company shall be entitled to recover from Applicant all reasonable attorneys' fees, expenses, and suit costs, including those associated with any appellate proceedings or post-judgment collection proceedings, whether suit be brought or not.

All obligations of Applicant to the Company shall be governed by the laws of the State of Florida. Venue for any legal action hereunder shall be in Seminole County, Florida, and jurisdiction shall be vested exclusively in the Circuit Court of the Eighteenth Judicial Circuit in and for Seminole County, Florida.

Signature _____ Title _____ Date _____

Please print name _____ Tower Industry Related? Please check YES ___ NO ___

LOCAL DELIVERY INFORMATION

To help us better serve your needs – please complete

COMPANY NAME _____

JOB SITE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

CONTACT NAME _____

CERTIFIED SLINGS, INC.

Bank Authorization

P.O. Box 180127

Casselberry, FL 32718-0127

Phone Number: (407) 331-6677

Fax Number: (407) 331-3315

Date: _____

I Hereby authorize:

Bank Name: _____

Address: _____

Account Number: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

**To release information to Certified Slings, Inc. for the purpose
of establishing a bank reference to aid in securing credit.**

Applicant Name: _____

Address: _____

Signature: _____

Print Name: _____

Title: _____

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Certified Slings, Inc.

TRADE REFERENCES

Please print clearly and furnish all five references.

1.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____
2.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____
3.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____
4.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____
5.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____