

APPLICATION FOR CREDIT

Name of Firm	Address	City	State	Zip code
--------------	---------	------	-------	----------

Type of Business	Years in Business	# of Employees	Phone Number
------------------	-------------------	----------------	--------------

Ownership: () Corporation () Partnership () Individual

Principles:

Name	Title
------	-------

Address	Phone Number
---------	--------------

Name	Title
------	-------

Address	Phone Number
---------	--------------

Name	Title
------	-------

Address	Phone Number
---------	--------------

Credit Information:

Name of Bank	Address	City	State	Zip Code
--------------	---------	------	-------	----------

Officer/Person to Contact

Type of Accounts: Checking #	Savings #	Loan #
------------------------------	-----------	--------

Credit References:

Erector or Subcontractor	Name	Person to Contact
--------------------------	------	-------------------

General	Address	City	State	Zip Code	Phone Number
---------	---------	------	-------	----------	--------------

Supplier	Name	Person to Contact
----------	------	-------------------

Panel	Address	City	State	Zip Code	Phone Number
-------	---------	------	-------	----------	--------------

Manufacturer	Name	Person to Contact
--------------	------	-------------------

Panel	Address	City	State	Zip Code	Phone Number
-------	---------	------	-------	----------	--------------

Do you supply Financial Information to Dunn & Bradstreet?

Who is supplying the Metal Panels of this project?

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date	Signed	Title
------	--------	-------

ReRoof America, Inc. (RRA)
PROJECT WORKSHEET

Return this worksheet to RRA credit manager at fax number: 918-493-3568

Amount of RRA order for this project \$ _____

Today's Date _____

Shipment Date _____

Customer's Name _____

Street: _____

City: _____

State: _____

Zip Code: _____

IS THIS CUSTOMER A SUBCONTRACTOR OF A SUBCONTRACTOR? () Yes () No

IS CUSTOMER GOING TO INSTALL THIS MATERIAL ON THIS PROJECT? () Yes () No

IF CUSTOMER IS NOT GOING TO INSTALL THE MATERIAL, DOES HE HAVE A CONTRACT THAT COVERS LABOR
(INSTALLATION OF THIS MATERIAL) ON THE PROJECT? () Yes () No

Project Name: _____

Project Location: (Street) _____

City: _____

County: _____

State: _____

Zip Code: _____

IS THIS A FEDERAL GOVERNMENT PROJECT? () Yes () No

IS YOUR COMPANY SALES TAX EXEMPT? () Yes () No

Owner of Project: _____

Owner's Address: _____

Street: _____

City : _____

State: _____

Zip Code: _____

General Contractor of Project: _____

General Contractor's Address: _____

Street: _____

City: _____

State: _____

Zip Code: _____

PROJECT is being financed by (BANK) _____

BANK's address: _____

City: _____

State: _____

Zip Code: _____

IS THE PROJECT BONDED? () Yes () No

Bonding Company's Name _____

Bond Number _____

****WE MUST HAVE A COPY OF THE PAYMENT AND PERFORMANCE BOND FOR ALL BONDED PROJECTS****

IF CUSTOMER IS A SUBCONTRACTOR OF A SUBCONTRACTOR, FILL OUT THE FOLLOWING:

Subcontractor Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

IF THIS PROJECT IS LEASEHOLD IMPROVEMENT, WE NEED THE FOLLOWING:

Lessee Name _____

Lessee Address _____