

MACROPORT, INC.

CREDIT APPLICATION

DATE _____ CREDIT LINE REQUESTED _____

COMPANY NAME _____ DBA _____

BILL TO _____ CITY _____ STATE _____

SHIP TO _____ CITY _____ STATE _____

PHONE # _____ FAX # _____

____ CORPORATION ____ PARTNERSHIP ____ SOLE PROPRIETORSHIP

PRINCIPALS:
PRESIDENT _____ VICE PRESIDENT _____

TREASURER _____ CONTROLLER _____

HOW LONG IN BUSINESS _____ TYPE OF BUSINESS _____

BANK: NAME _____ BRANCH _____

ADDRESS _____ CITY _____ STATE _____

PHONE # _____ FAX # _____

CONTACT _____ CHECKING ACCOUNT # _____

LOAN ACCOUNT # _____ CONTACT _____

TRADE REF: NAME _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____

PHONE # _____ FAX # _____

NAME _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____

PHONE # _____ FAX # _____

NAME _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____

PHONE # _____ FAX # _____

IN THE EVENT OF ANY CLAIMS, MACROPORT, INC SHALL BE ENTITLED TO ITS REASONABLE COSTS AND EXPENSES INCURRED, INCLUDING ATTORNEY'S FEES AND INTEREST.

AUTHORIZED SIGNATURE _____ DATE _____

TITLE _____