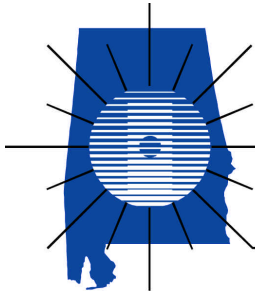


FAX TO: (256) 358-4515

Attn: Kristel Walker, Acct. Dept.



**ALABAMA
SPECIALTY
PRODUCTS, INC.**

Divisions:
Metal Samples Company
Alabama Laser
Alabama Laser Technologies
Alabama Research & Development
Metal Samples Corrosion Monitoring Systems

Credit Application

Date: _____

For the purpose of obtaining merchandise and/or services from Alabama Specialty Products, Inc., on credit, the following statement in writing is made as being true and correct.

Legal Name _____

Trade Name _____

Billing Address _____

Shipping Address _____

City _____ State/Country _____ Zip _____

Telephone () _____ Fax () _____

Fed ID# or Soc. Sec.# _____

Type of Business _____

Date Business Established _____

Corporation _____ Partnership _____ Individual _____

If a corporation, State of Incorporation _____

Names, titles and addresses of your three chief corporate officers:

If a partnership, Names, addresses of partners:

NOTE: Page 3 of Credit Application must be signed and returned !!!!!

If a Individual/Sole Proprietorship, Name, address and Social Security # of Owner;

Name _____ Mailing Address _____ City/State Zip _____
Social Security # _____

Are you sales tax exempt? YES ___ (AL & TX must provide Exempt Certificate) NO ___

Have you ever had credit with us before? YES ___ NO ___

If yes, under what name? _____

Purchase Order Required? YES ___ NO ___

BANK REFERENCE * Please provide signature & written consent, on your company letterhead,
authorizing the release of information to Alabama Specialty Products, Inc.

Name _____ Branch _____

Contact _____ Account # _____

Address _____

City _____ State/Country _____ Zip _____

Phone () _____ Fax () _____

PLEASE LIST THREE OTHER REFERENCES:

****Please fill out completely including Fax Number!**

Reference # 1: Company _____ Account # _____

Address _____ City/State _____ Zip _____

Phone () _____ Fax () _____

Reference # 2: Company _____ Account # _____

Address _____ City/State _____ Zip _____

Phone () _____ Fax () _____

Reference # 3: Company _____ Account # _____

Address _____ City/State _____ Zip _____

Phone () _____ Fax () _____

The undersigned being an authorized agent to bind said Company warrants the information given to be true. Alabama Specialty Products, Inc., is authorized to investigate the references herein, statements, or other data obtained from my Company or from any other person pertaining to my credit and financial responsibility. All charges are DUE and PAYABLE by the credit terms extended. Alabama Specialty Products, Inc., reserves the right at any time to change or suspend credit terms upon customer's failure to meet payment due dates or, when in its sole opinion, the financial condition of the customer so warrants. A delinquency charge of 1½% (18% APR) or the highest lawful contract rate, may be charged on all amounts remaining unpaid 30 days after invoice date.

Buyer agrees that if this account is placed in the hands of an attorney or collection agency for collection, to pay such additional sums as may be adjusted as reasonable attorney's fees and court costs by the appropriate trial or appellate court.

Title to merchandise purchase shall remain with Alabama Specialty Products, Inc., until purchaser pays in full for such merchandise.

Authorized Signature

Printed Name _____

Title _____ Date _____