

CREDIT APPLICATION

GILECA INTERNATIONAL CORPORATION /D.B.A. GIC ALUMINUM APPLICATION WILL NOT BE PROCESSED WITHOUT A PERSONAL GUARANTY

9960 N.W. 79 Ave. Hialeah Gardens, Fl 33016 * Tel (305) 883-9940 * Fax (305) 883-5513 * Toll Free 1 (800) 883-9940

COMPANY OR INDIVIDUAL'S NAME		FEDERAL I.D. # / SOCIAL SEC. #		C O D	NET 30
COMPLETE ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE # ()	FAX # ()
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE	AMOUNT OF CREDIT REQUESTED	
NATURE OF BUSINESS GENERAL CONTRACTOR _____ COPR. _____ INDV. _____ OTHER _____				TYPE OF BUSINESS	
TAXABLE: YES _____ NO _____ IF NOT, YOUR SALES TAX # _____				PERSON IN CHARGE OF PAYMENTS	

THIS SECTION MUST BE FILLED OUT COMPLETELY, GIVE FULL NAME AND HOME ADDRESS OF INDIVIDUAL, AND IF A FIRM OF EACH PARTNER, OR IF A CORPORATION, OF EACH OFFICER AND OFFICE HELD BY EACH				
NAME		SOCIAL SECURITY #		POSITION
HOME ADDRESS		CITY	STATE	ZIP CODE PHONE # ()
NAME		SOCIAL SECURITY #		POSITION
HOME ADDRESS		CITY	STATE	ZIP CODE PHONE # ()
NAME		SOCIAL SECURITY #		POSITION
HOME ADDRESS		CITY	STATE	ZIP CODE PHONE # ()

CREDIT REFERENCE				
COMPANY NAME	ADDRESS		CITY	STATE & ZIP CODE
TYPE OF BUSINESS	BALANCE OWED	PHONE # ()	FAX # ()	CONTACT
COMPANY NAME	ADDRESS		CITY	STATE & ZIP CODE
TYPE OF BUSINESS	BALANCE OWED	PHONE # ()	FAX # ()	CONTACT
COMPANY NAME	ADDRESS		CITY	STATE & ZIP CODE
TYPE OF BUSINESS	BALANCE OWED	PHONE # ()	FAX # ()	CONTACT

BANK REFERENCE				
NAME	ADDRESS		CITY	STATE & ZIP CODE
PHONE # ()	FAX # ()	ACCOUNT #		CONTACT NAME
NAME	ADDRESS		CITY	STATE & ZIP CODE
PHONE # ()	FAX # ()	ACCOUNT #		CONTACT NAME

TERMS AND CONDITIONS OF CREDIT AGREEMENT

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 PAYMENT IN FULL OF ALL MONEYS IS DUE ON THE 30TH DAY OF THE DATE OF INVOICE. IT IS FURTHER AGREED THAT THE UNDERSIGNED, JOINTLY AND SEVERALLY, DO HEREBY AGREE TO PAY GILECA INTERNATIONAL CORP. WHETHER DOMESTIC OR IMPORTED, ALL MATERIALS, PRODUCTS, GOODS, SUPPLIES AND SERVICES SOLD TO APPLICANT WITHIN THE ESTABLISHED TERMS. IN THE EVENT OF DEFAULT BY APPLICANT, GILECA INTERNATIONAL CORP. SHALL BE ENTITLED TO RECEIVE FROM APPLICANT, PAYMENT WITHOUT PRIOR DEMAND OR NOTICE AND WITHOUT FIRST HAVING ATTEMPTED TO COLLECT FROM APPLICANT IN THE EVENT GILECA INTERNATIONAL CORP. ENGAGES THE SERVICES OF AN ATTORNEY OR ENTITY TO COLLECT ANY SUM OF MONEYS DUE HEREUNDER OR TO ENFORCE OR DEFEND THE RIGHTS HEREUNDER. INCLUSIVE OF ACTION TO ENFORCE A MECHANIC'S LIEN FILLED ON ANY PROPERTY FOR THE MATERIALS, SUPPLIES, LABOR, PRODUCTS OF GOOD RENDERED THERETO AND ALL MONEYS OWED THEREUNDER. IT SHALL BE ENTITLED TO RECOVER REASONABLE ATTORNEY'S FEES, COST AND INTEREST FROM THE UNDERSIGNED UPON DEMAND. THE LIABILITY OF THE UNDERSIGNED SHALL NOT BE AFFECTED BY ANY EXTENSIONS OR INDULGENCES GRANTED APPLICANT OR BY SURRENDERING ANY SECURITY GIVEN APPLICANT, THE UNDERSIGNED FURTHER AGREES TO PAY A 1.5% PER MONTH INTEREST CHARGE, TO BE ADDED AND ACCRUED TO THE UNPAID BALANCE AFTER SUCH BALANCE IS PAST DUE AND THEREAFTER THE UNDERSIGNED FURTHER AGREES TO PAY THE COSTS OF NOTICE TO OWNERS, LIEN FEES AND COLLECTIONS COSTS, IN THE EVENT THAT GILECA INTERNATIONAL CORP. PLACES THE APPLICANT, THE ACCOUNT AND GUARANTORS IN DEFAULT, PURSUANT TO THE CREDIT AGREEMENT AND TERMS AGREED HERE TO, AND MUST RESORT TO THE FORE MENTIONED FOR THE PROTECTION AND COLLECTION OF ALL MONEYS OWED TENURE AND VENUE WILL BE IN THE CITY OF MIAMI, COUNTY OF DADE, STATE OF FLORIDA

NAME (SIGNATURE)	TITLE	DATE	NAME(SIGNATURE)	TITLE	DATE
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PERSONAL GUARANTY				
WE DO HEREBY ASSUME PERSONAL RESPONSIBILITY, JOINTLY, COLLECTIVELY AND INDIVIDUALLY FOR THE DEBTS OF THE APPLICANT HEREOF				
SIGNATURE	NAME INDIVIDUALLY	SIGNATURE	NAME INDIVIDUALLY	DATE

FOR OFFICE USE ONLY: DATE RECEIVED: _____ CREDIT BUREAU: _____ REPORTING AGENCY: _____ CREDIT LIMIT: _____ APPROVED / DENIED: _____ OFFICERS SIGNATURE _____	CREDIT DEPARTMENT NOTES: _____ _____ _____ _____ _____
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