



PO Box 2310
 Griffin, GA 30224
 Tel #: 678-688-4208; Fax #: 678-436-3359
 Toll Free: 800-850-4220

Business Credit Application

Name/Address

| | | | |
|-------------------|--------|--|---------------------|
| Last: | First: | Middle Initial: | Title |
| Name of Business: | | | Federal I.D. Number |
| Address: | | | |
| City: | State: | ZIP: | Phone: |
| Email Address: | | Would you like your invoice mailed or emailed? | |

Company Information

| | | | | |
|--|--------------------|----------------|------|--------|
| Type of Business: | In Business Since: | | | |
| Legal Form Under Which Business Operates: | | | | |
| Corporation | Partnership | Proprietorship | | |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: | | | |
| Name of Company Principal Responsible for Business Transactions: | Title: | | | |
| Address: | City: | State: | ZIP: | Phone: |
| Name of Company Principal Responsible for Business Transactions: | Title: | | | |
| Address: | City: | State: | ZIP: | Phone: |

Bank References

| | | | |
|---------------------|--------------------|-------------------|---------------|
| Institution Name: | Institution Name: | Institution Name: | |
| Checking Account #: | Savings Account #: | Home Equity Loan: | Loan Balance: |
| Address: | Address: | Address: | |
| Phone: | Phone: | Phone: | |



Trade References

| | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address | Address: |
| Email Address: | Email Address: | Email Address: |
| Phone/Fax: | Phone/Fax: | Phone/Fax |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature _____

Date _____



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Resale and/or Exemption Certificate

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

We hereby certify:

That we hold a valid Resale and/or Exemption Certificate No. _____

From the State of _____ issued pursuant to their Sales and

Use Tax Laws; that we are engaged in the business of selling:

That the tangible personal property described herein which we shall purchase from
Asia American Mills, LLC will be resold in the form of tangible personal property and
that such purchases are covered by the certificate number listed above.

Description of property purchased: _____

Date

Signature of authorized agent



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Authorization for Release of Bank Information

This document authorizes the release of all bank information to Asia American Mills in respect to the company below for credit purposes only.

Company: _____

Address: _____

Bank Account Numbers: _____

Representative: _____

Signature: _____

Date: _____