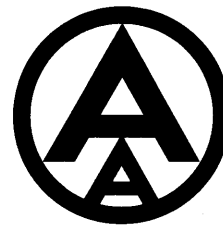


APPLICATION FOR

CREDIT ACCOUNT

ASHMORE & ALLEN



1 DATE

2 PLEASE SIGN HERE (BOTH PARTNERS IF APPLICABLE)

3 PLEASE PRINT YOUR NAME

4 PLEASE STATE YOUR POSITION IN THE COMPANY

5 NAME AND BUSINESS ADDRESS

POSTCODE

TEL No. _____ FAX No. _____

I/We make this application to open a credit account with Ashmore and Allen Ltd.

I/We understand that your credit terms are that payment is due promptly within thirty (30) days after the end of the month of dispatch.

If granted credit I/We agree to pay in accordance with these terms. I/We also acknowledge and accept the Conditions of Sale available on request.

A COPY OF YOUR LETTERHEAD SHOULD ACCOMPANY THIS APPLICATION FORM.

WE ALWAYS TAKE LEGAL ACTION ON OVERDUE DEBTS

6 REGISTERED OFFICE ADDRESS (LIMITED COMPANY)
OR PRIVATE ADDRESS (UNLIMITED BUSINESS)

VAT No.

REGISTRATION No.

PLEASE INDICATE IF YOU ARE A LIMITED COMPANY

YES

No

7 NAMES AND ADDRESSES OF CO-DIRECTORS OR PARTNERS (PLEASE STATE IF NONE)

8 HOW LONG ESTABLISHED?

NATURE OF BUSINESS

PREVISE (RENT, LEASED, OWNED)

9 PLEASE GIVE TWO TRADE REFERENCES

TELEPHONE

TELEPHONE

10 PLEASE GIVE NAME AND ADDRESS OF YOUR BANK

ACCOUNT No. _____

SORT CODE. _____

11 HOW MUCH CREDIT PER MONTH DO YOU REQUIRE?

STEEL STOCKHOLDERS

ASHMORE & ALLEN LIMITED NEW TRANSFER BUILDINGS SEYMOUR ROAD WALCOT SWINDON WILTSHIRE SN3 3BG FAX 01793 511987 TEL 01793 612873