P. O. Box 10292 189 North Sound Road Grand Cayman KY1-1003 CAYMAN ISLANDS Main Tel 345 949-8622
Main Fax 345 949-7188
E-Mail adm@ALThompson.com
Website www.ALThompson.com

Dear Credit Applicant:

To credit-worthy individuals and businesses, we offer credit subject to our internal review. This review requires the applicant to supply a fully completed Credit Application, a Personal Guarantee, a letter of reference from your banking institution, and, as applicable, a copy of your Trade and Business License or a letter from your employer verifying your employment status and salary. To enable us to complete the review process, please ensure that you supply complete addresses and telephone numbers of the references that you submit. We will make a decision based on the accuracy of the information that you provide. If information is inaccurate, we reserve the right to withdraw any credit that we extended.

You must pay in full by the 15th of the month following the purchase date, and we retain the discretionary right to revoke charge privileges at any time.

We thank you for your patronage and look forward to serving you.

Sincerely,

Paul Schreiner Accounting and Credit Manager

(345) 814-6233

PS/p Enclosure



INDIVIDUAL CREDIT APPLICATION

APPLICANT INFORMATION (Please PRINT or TYPE All Information)

THE ETCH THE ORDER TO THE	(1 of 111 Billi Millioniation)	1		
Name	Phone Number ()	Email Monthly Statements		
Driver's License Number	Cell Number ()	YES No		
Current Address: (Mailing)	Persons Authorized to			
(Physical)	Purchase on Account			
(Email)				
Spouse's Name Spouse's Driver's License Number				
Your House—Do You Rent () or Own ()? Landlord's Name				
Rent Cost Per Month \$ Landlord's Phone Number ()				
Credit Limit Requested \$	Reason Credit Requested			
Were you born in the Cayman Islands? Yes No Do you have Caymanian Status? Yes No Permanent Residency? Yes No				
How long have you lived in the Cayman Islands? Date of Birth/				
Do you own any property in the Cayman Islands? Yes No and parcel numbers Purchase Order Required				
EMPLOYMENT HISTORY YES NO				
Place of Employment	Phone Number ()			
Monthly Income \$ Length of Employment				
Spouse's Employment Phone Number ()				
Monthly Income \$ Length of Employment				
Do you have any other source of income? Yes No If yes, how much per month \$				
REFERENCES (Please List Full Names, Addresses, and Phone Numbers)				
Name	Phone Number ()]		
Address				
Name Phone Number ()				
Address				
Name Phone Number ()				
Address				
BANK INFORMATION		_		
]		
Bank Name	Phone Number ()			
Account Types Held? Checking Savings Do you currently have any type of loan? Yes No				
Monthly Loan/Mortgage Payment \$				
I grant my permission to you to seek, obtain, and divulge any information regarding my credit history and credit account details or proposed dealings with you to or from any credit reporting bureau, any financial institution, my employer, or any other person in connection with any of my credit dealings with you; and I give same data controllers permission to divulge my information to you or and credit bureau.				
Signed	Date			

PERSONAL GUARANTEE

Nan	me(the "Deb	tor"), of	
	(PRINT NAME)	(PRINT COMPANY NAME)	
othe uncc whe or er or ex (coll with prim The expr any indu	per goods and valuable consideration the receipt and sufficiency of we conditionally and irrevocably delivers this Personal Guarantee to the Supether now existing or hereafter arising, however evidenced, whether direcentity, together with any extensions, renewals, substitutions, or modifice expense of collection, including court costs, attorneys' fees, and other exillectively, the "Liabilities"). If any liability guaranteed hereby is not paid whout resort by the holder hereof to any other person or party. The obligation of the Guarantor hereunder is in addition to and shall narantee that the Supplier may now or hereafter hold relative to any of mary, absolute, and unconditional. Any payment of the Guarantor here ere Guarantor acknowledges and agrees that the number and amount pressly agrees that this Personal Guarantee shall remain valid and in further liability of the Guarantor shall not be affected because of the Supulgence to the Company. The Guarantor agrees that this Personal Guarantee shall continue to		
In w	witness whereof this Personal Guarantee has been duly executed at _		
	s day of		
The	e Guarantor:	Witness:	
appl 1	Your signature below means that you agree to the following terms of this agreement upon A. L. Thompson's approval of and in reliance upon this application for credit: 1. A. L. Thompson Building Supplies Ltd. will assign you a credit line and reserves the right to increase or decrease said credit line or withdraw you credit privileges under this CREDIT AGREEMENT at any time without prior notice, except as otherwise provided by law. 2. A. L. Thompson Building Supplies Ltd. may permit you to purchase goods and/or services from an A. L. Thompson Building Supplies Ltd. outle on credit up to your credit line. You agree that said purchase will be governed by the terms of this CREDIT AGREEMENT. 3. A. L. Thompson Building Supplies Ltd. will issue invoices for purchases made under this CREDIT AGREEMENT. Payment of the purchase price sha be made pursuant to the terms set forth on each invoice. A. L. Thompson Building Supplies Ltd. requires you to sign the invoice at the time of ordering a credit purchase or at the time of delivery of the goods or services ordered. You will be liable to A. L. Thompson Building Supplies Ltd for payment in accordance with the terms of invoice whether or not you in fact sign the invoice. The date of shipment shall be deemed to be the date of invoice for purposes of payment and assessment of LATE PAYMENT CHARGES. 4. If you fail to pay A. L. Thompson Building Supplies Ltd. in accordance with this CREDIT AGREEMENT, A. L. Thompson Building Supplies Ltd. has the right, subject to any right that you have by law, to collect your default, to declare the entire balance of your account immediately due and payable If any unpaid balance is referred to an attorney for collection, you will pay the extent permitted by law, reasonable attorney's fees if the attorney is not our salaried employee, all costs and accrued LATE PAYMENT CHARGE RATE SCHEDULE. 5. A LATE PAYMENT CHARGE will be computed on statement date on any invoice that falls in a past-due postion on the monthly closing date. The LATE PAYMENT		
CRE to ar of a	EDIT AGREEMENT. Everything I have stated in this application is correct to answer questions about my/our credit experience, and to confirm the in a copy of this CREDIT AGREEMENT. Ould this account or these accounts become in default, this account of	onstitutes my/our consent to the terms and conditions of the account and the of the best of my knowledge. You are authorized to check my/our credit history, formation on this application with my bank. I/we hereby acknowledge receipt or these accounts may be assigned to a credit bureau/collection bureau for ection fees, legal fees, and court costs to be recovered on an indemnity basis.	
		RGE RATE SCHEDULE	
Mon	onthly periodic rate: 1.5%		
	nual rate: 18% lance to which applied: Entire Balance		
Busi	siness name of applicant		

Date___

Signed by____