

Dear Customer:

Thank you for your interest in Sun Mountain, Inc., and our custom door, moulding, wood beam, and architectural hardware products. We appreciate your business and welcome your request to establish a credit account with us. Please review the attached Credit Application and Agreement. We require this document to be completed and signed to establish a credit account. Please provide e-mail addresses for all bank and trade references—we cannot process the Application if this information is not provided. We will work diligently to complete our credit review process as quickly as possible. Please be aware that, depending upon the response time from your trade and bank references, our credit review and approval process may take as long as two weeks.

We require a 50% deposit on all orders, regardless of your credit account status.

Upon approved credit, our terms of sale are 50% down (due prior to shipment). You will receive an invoice for the remaining balance due on the order. The remaining balance invoice will have 1% 10 days, net 30 days terms. If you pay the remaining balance invoice within 10 days of the invoice date, you will receive a 1% discount for your prompt payment. Otherwise, the payment is due within 30 days from the invoice date.

A service charge of 1.5% per month will be applied to any past due balances.

Thank you again for your interest in our company. We look forward to serving your business.

Best regards,

Barbara Kowalski Chief Financial Officer

Barbara Kowalic.



COMPANY NAME

PHONE

CREDIT APPLICATION

MOBILE

E-MAIL

| BILLING ADDRESS | | | | | | | | | | | | |
|--|--|------------|-------|----------|-------|------------|--------|-----------------------|-------------|-----|-----------|---|
| CITY | | STATE | STATE | | ZIP | | COUNTY | | | | | |
| PHYSICAL ADDRESS (if different than billing address) | | | | | | | | | | | | |
| CITY | | STATE | STATE | | ZIP | | | COUNTY | | | | |
| TYPE OF BUSINESS: CORPORATION PARTNERSHIP PROPRIETORSHIP | STATE OF INCORPORATION (if incorporated) FEDERAL ID NUMBER | | | | | | | | | | | |
| | HOW LONG IN BUSINESS | | | HOW LONG | | | NG UN | UNDER PRESENT CONTROL | | | | |
| | HAVE YOU OR YOUR COMPANY EVER FILED FOR BANKRUPTCY? YES NO | | | | | | | | | | | |
| LLC | ACCOUNTS PAYABLE CONTACT E-MAIL FOR BILLING | | | | | | | | | | | |
| LP | | | | | | | | | | | | |
| YOUR SUN MOUNTAIN SALES REPRESENTATIVE CREDIT LIMIT REQUESTED \$ | | | | | | | | | \$ | | | |
| OFFICERS/PR | INCIPALS (IF PAR | TNERSHIP (| OR P | ROPRIET | ORSH | IP, SSNs A | AND HO | OME | ADDRESSES A | ARE | REQUIRED) | |
| NAME | | | | TITLE | | | SSN | | | | | |
| ADDRESS | | | | CITY | | | STATE | | STATE | 7 | ZIP | |
| NAME | | | | TITLE | | | | SSN | | | | |
| ADDRESS | | | | CITY | | | | STATE Z | | | ZIP | |
| BANK REFERENCE | | | | | | | | | | | | |
| BANK NAME ACCOUNT NUMBER | | | | | | | | | | | | |
| ADDRESS CITY | | | | STA | | ATE | E ZIP | | P P! | | ONE | _ |
| BANK OFFICER | | | | E-MAIL | | | , | | | | | |
| | | | TR | RADE REF | FEREN | ICES | | | | | | |
| NAME | | | | PHONE | | E-MAIL | | \IL | | | | |
| ADDRESS C | | | CITY | | | | ST | | ГАТЕ | | ZIP | _ |
| NAME | | | Р | PHONE | | | E-MAIL | | | | _ | |
| ADDRESS C | | | CITY | | | STATE Z | | | ZIP | | | |
| NAME | | | Р | PHONE | | | E-MAIL | | | | | |
| ADDRESS CI | | | CITY | CITY | | | STATE | | | | ZIP | |
| NAME | | | Р | PHONE | | | E-MAIL | | | | | |
| ADDRESS C | | | CITY | CITY | | | STATE | | | | ZIP | |
| | | | | | | | | | | | | |



CREDIT AGREEMENT

Certification, Agreement to Terms

The undersigned certifies that all information on this form is correct. Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with terms of 50% down/1% 10 days/net 30 days, or such other terms as specifically stated on seller's invoices. Applicant agrees that all purchases shall be pursuant to the terms and conditions stated on seller's order forms and invoices and further agrees to abide by policies as may from time to time be promulgated by seller. Applicant agrees to pay interest on all past-due invoices at the rate of 1.5% per month, and to pay all attorney's fees, arbiter's fees and collection costs incurred in collection of any past-due balance. Applicant hereby submits to the jurisdiction of any court in Weld County, State of Colorado, and acknowledges that said courts are the appropriate venue to resolve any dispute arising hereunder, and further agrees that the venue of such action may be changed from such County only upon the written agreement of all parties to such action. The undersigned further agrees to accept service of process in such action by certified mail, return receipt requested, at the address stated above, and to acknowledge the receipt thereof in writing.

Personal Guarantee

For value received, the undersigned guarantees payment for any indebtedness now existing or hereafter created pursuant to this credit application and agrees to be liable thereon. This is a continuing guarantee and shall cover future indebtedness as contemplated hereunder, including indebtedness arising under successive transactions that either continue the indebtedness or, from time to time, renew it after it has been satisfied. The applicant, as guarantor, hereby submits to the jurisdiction of any court in Weld County, State of Colorado, and acknowledges that said courts are the appropriate venue to resolve any dispute arising hereunder.

Approval to Obtain Information from References

The below named company has applied for credit with Sun Mountain, Inc. The authorized person signing below has given Sun Mountain, Inc., permission to contact the firm(s) and bank reference listed on the company's credit application for information as Trade References. The information will remain confidential. The undersigned authorizes Sun Mountain, Inc., to obtain a personal credit report, as necessary.

| COMPANY NAME | | | | | | | | | | |
|--------------------------------|-------|-------|------|--|--|--|--|--|--|--|
| ADDRESS | | | | | | | | | | |
| CITY | | STATE | ZIP | | | | | | | |
| CONTACT PERSON/POSITION | | | | | | | | | | |
| EMAIL | PHONE | | | | | | | | | |
| | | | | | | | | | | |
| AUTHORIZED (OWNER'S) SIGNATURE | | | DATE | | | | | | | |