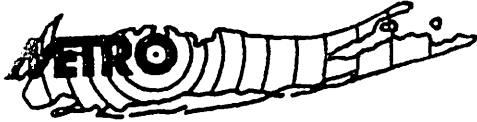
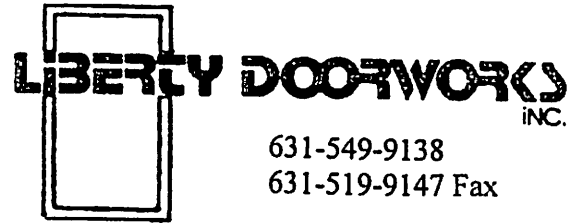


631-673-8420
631-673-7276 Fax



METRO INTERIOR DISTRIBUTORS
Wholesalers of Acoustical & Drywall Supplies



631-549-9138
631-519-9147 Fax

175 Kennedy Drive * Hauppauge * New York * 11788

CREDIT APPLICATION / CREDIT AGREEMENT

The Applicant ("You", "Your Business") are applying for credit at this establishment and/or its Subsidiaries or Affiliates. You must furnish us with ALL information requested. If any information you provide is incomplete, incorrect or false, your credit will be denied.

I/We authorize Metro Interior Distributors & Liberty Doorworks Inc. to contact all credit and trade references, to verify my/our credit standing with them, and information contained herein. Invoices past due, according to invoice terms, will be subject to a one and one half percent (1½%) service charge per month. I/We agree to be responsible for all costs of collection, including court costs and reasonable attorney fees. All bills, invoices and purchases made by you or a representative of you or your company must be paid in full according to terms written on each invoice.

In consideration of Metro Interior Distributors and Liberty Doorworks Inc., extending credit, I agree to be personally responsible for any and all unpaid billings pursuant to this Credit Agreement, and I guarantee that the billings, collection costs, interest and reasonable attorney's fees will be paid as due. I waive notice of protest and dishonor of any type, and understand and agree that modification or waiver of any rights or remedies as against the applicant will not in any way release me or limit my liability under this guarantee.

SIGNATURE _____ Date _____

(Signed both as Corporate Officer & Individually as Guarantor pursuant to above guarantee)

PAL SALESMAN _____

FIRM NAME _____ Today's Date _____

FIRM ADDRESS _____

CITY _____ STATE _____ ZIP _____ Years under this name _____

TEL () _____ FAX () _____ EMAIL _____

SEND INVOICES TO: _____

ARE YOU? (Please Check One:) INDIVIDUAL OWNER PARTNERSHIP CORPORATION

Have you done business under any other name(s) in the past four years, or are you currently doing business under another name? YES NO

If YES, under what name(s) _____

Address _____ City _____ State _____ Zip _____

Type of Business _____

Do you anticipate purchasing from Metro Interior Dist. Yes No Credit Line required \$ _____

Do you anticipate purchasing from Liberty Doorworks Inc. Yes No Credit Line required \$ _____

Owner _____

Partners _____

Officers of Corporation Pres. _____ V.P. _____ Sec'y/Treas. _____

OTHER FIRMS WITH WHICH YOU HAVE OPEN CREDIT

Name	Address	Phone
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____
4. _____	_____	() _____

Name of your Business Bank _____
Address _____
City _____ State _____ Zip _____ Telephone () _____
Account # _____ Name of Account Manager _____

Name of your Business Bank _____
Address _____
City _____ State _____ Zip _____ Telephone () _____
Account # _____ Name of Account Manager _____

Comments: _____

PRINCIPAL'S/OWNER'S INFORMATION

Name _____	Name _____
Address _____	Address _____
_____	_____
S.S. # _____	S.S. # _____
Home Phone () _____	Home Phone () _____
Your Title _____	Your Title _____

Name of your Personal Bank _____
Address _____
City _____ State _____ Zip _____ Telephone () _____
Account # _____ Name of Account Manager _____

Comments: _____

Mortgage Holder's Name _____ Monthly Mtg. Payment \$ _____
Mortgage Holder's Address _____
City _____ State _____ Zip _____ Telephone () _____
On property located at _____

OR

Landlord's Name & Address _____ Monthly Rent Payment \$ _____

APPLICATION SUBMITTED BY _____ Date _____
(Signature)