

OPEN CREDIT APPLICATION THE AERO TECHNOLOGIES GROUP

P.O. BOX 514 (WENCOR) 560 ATLANTA SOUTH PARKWAY P.O. BOX 523246 320 MEYER ROAD S K Y P A R K S C H I P H O L ,
BREGUETLAAN 1-3
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The information provided in this application will be used to form an opinion as to the credit worthiness of the applicant by any of the following companies: Kitco, Inc., Wencor West, Inc., Dixie Aerospace, Inc., and Durham Aircraft Service, Inc. (hereinafter "The Aero Technologies Group") or any of their future subsidiaries. Any member of The Aero Technologies Group shall be entitled to enforce their creditor's rights set forth in this application and other related business documents.

BUSINESS NAME _____ (REFERRED TO HEREINAFTER AS "COMPANY")

STREET ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

TYPE OF BUSINESS _____

DATE BUSINESS STARTED _____ STATE WHERE INCORPORATED _____

FEDERAL TAX I.D. # _____ WILL PURCHASES BE TAX EXEMPT? _____ IF SO, SALES TAX # _____

OFFICERS/OWNERS _____ TITLE _____

CONTACT FOR FINANCIAL MATTERS (CFO) _____ TITLE _____

CONTACT FOR ACCOUNTS PAYABLE _____

ACCOUNTS PAYABLE PHONE # _____ ACCOUNTS PAYABLE E-MAIL _____

ESTIMATED MONTHLY CREDIT REQUIREMENTS \$ _____

FINANCIAL INFORMATION AS OF _____

TOTAL CURRENT ASSETS _____ TOTAL CURRENT LIABILITIES _____

TOTAL FIXED ASSETS _____ TOTAL LIABILITIES _____

TOTAL ASSETS _____ NET WORTH _____

ANNUAL SALES _____ ATTACHED IS A COPY OF MOST CURRENT FINANCIAL STATEMENT _____

DO YOU PLEDGE OR BORROW ON YOUR ACCOUNTS RECEIVABLE _____ IF SO, FROM WHOM _____

WILL YOU ACCEPT FAXED INVOICES _____ IF YES, WHAT FAX # _____

IF YOUR CREDIT LIMIT IS EXCEEDED WOULD YOU LIKE TO CHARGE THE EXCESS ON YOUR VISA OR MASTERCARD _____

VISA _____ MASTERCARD _____ CARD NUMBER _____ DATE EXPIRES _____

TRADE CREDIT REFERENCES:

COMPANY NAME _____ ADDRESS, CITY, STATE _____ PHONE #/FAX # _____

BANK REFERENCES:

BANK NAME _____ ACCOUNT # _____

OFFICER TO CONTACT _____ PHONE # _____ ADDRESS _____

THE AERO TECHNOLOGIES GROUP'S PAYMENT TERMS ARE NET 30 DAYS.

DO YOU AGREE TO MEET THESE TERMS? YES _____ NO _____

ARE YOU FINANCIALLY SOLVENT? YES _____ NO _____

DO YOU AGREE TO TELL US IF YOU EVER BECOME UNABLE TO PAY US ON TIME? YES _____ NO _____

BY SIGNING THIS AGREEMENT, I WARRANT THAT I HAVE AUTHORITY TO EXECUTE THIS AGREEMENT TO BIND MY COMPANY TO THE TERMS CONTAINED HEREIN AND CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE AND SUBMITTED TO THE AERO TECHNOLOGIES GROUP FOR THE PURPOSE OF SECURING CREDIT. COMPANY AUTHORIZES THE ABOVE BANK AND CREDIT REFERENCES TO RELEASE INFORMATION CONCERNING COMPANY'S ACCOUNT TO THE AERO TECHNOLOGIES GROUP AND AUTHORIZES AND AGREES TO THE RELEASE OF A CREDIT REPORT AND CREDIT INFORMATION. THIS AUTHORIZATION SHALL BE CONTINUING AND WITHOUT EXPIRATION. IN ADDITION, COMPANY HEREBY AGREES THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. COMPANY AGREES THAT PAYMENT WILL BE MADE ACCORDING TO THE TERMS OF NET 30 DAYS FROM THE DATE OF THE INVOICE OR AS OTHERWISE SPECIFIED ON THE INVOICE.
2. IF ANY AMOUNT DUE IS NOT PAID WITHIN SAID PERIOD, AN INTEREST CHARGE OF 1 1/2% PER MONTH OF THE DELINQUENT BALANCE SHALL BE ADDED TO THE SUM DUE.
3. IF THE AMOUNT IS NOT PAID WITHIN 45 DAYS OF THE INVOICE DATE, THE ACCOUNT IS CONSIDERED SERIOUSLY PAST DUE AND ALL FUTURE DELIVERIES WILL BE PUT ON C.O.D. OR CREDIT HOLD UNTIL THE ACCOUNT IS WITHIN THE 30 DAY LIMIT AS AGREED BY YOUR SIGNATURE ON THIS DOCUMENT. ABUSE OF THIS POLICY CAN RESULT IN PERMANENT LOSS OF CREDIT PRIVILEGES.
4. COMPANY AGREES TO PAY, IN THE EVENT THE ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO A COLLECTION AGENCY, THE AGENCY'S RECOVERY FEES AND COLLECTION COSTS IN ADDITION TO ORIGINAL MONIES OWED, OR IF THE ACCOUNT IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, ATTORNEY'S FEES UP TO THE MAXIMUM ALLOWED BY LAW, PLUS ALL ATTENDANT COLLECTION COSTS.
5. NOTWITHSTANDING OTHER TERMS AND CONDITIONS PUBLISHED BY COMPANY, COMPANY AGREES TO BE BOUND BY THE AERO TECHNOLOGIES GROUP'S "TERMS AND CONDITIONS OF SALE." TERMS AND CONDITIONS OF SALE FOR THE AERO TECHNOLOGIES GROUP ARE AVAILABLE FROM A LINK AT WWW.KITCOINC.COM (FOR PURCHASES FROM KITCO, INC.) OR AT WWW.WENCOR.COM (FOR PURCHASES FROM ALL OTHER COMPANIES IN THE AERO TECHNOLOGIES GROUP). ALL SALES ARE F.O.B. ORIGIN.

SIGNATURE OF OFFICER, OWNER OR PARTNER

PRINT OR TYPE NAME & TITLE

DATE

INDIVIDUAL PERSONAL GUARANTEE

I, _____, RESIDING AT _____

FOR AND IN CONSIDERATION OF THE AERO TECHNOLOGIES GROUP EXTENDING OF CREDIT TO _____ (HEREINAFTER "DEBTOR"), HEREBY PERSONALLY GUARANTEE PAYMENT TO THE AERO TECHNOLOGIES GROUP OF ANY OBLIGATION OF THE DEBTOR, AND HEREBY AGREE TO PAY THE AERO TECHNOLOGIES GROUP ON DEMAND ANY SUM WHICH MAY BECOME DUE TO THE AERO TECHNOLOGIES GROUP BY THE DEBTOR WHENEVER THE DEBTOR SHALL FAIL TO PAY THE SAME. I HEREBY WAIVE NOTICE OF DEFAULT, NON-PAYMENT, AND NOTICE THEREOF AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED. I FURTHER AGREE TO PAY THE AERO TECHNOLOGIES GROUP ALL COSTS AND EXPENSES, INCLUDING ALL REASONABLE COSTS OF COLLECTION AND ATTORNEY'S FEES, INCURRED IN ENFORCING THIS AGREEMENT BOTH BEFORE AND AFTER JUDGMENT. MY LIABILITY SHALL NOT BE AFFECTED OR PREJUDICED BY THE ADDITIONAL ACCEPTANCE OF A NOTE OR OTHER EVIDENCE OF INDEBTEDNESS, THE EXISTENCE OF TIME FOR PAYMENT, PAYMENT ARRANGEMENTS, OR OTHER INDULGENCE GRANTED TO DEBTOR, OR BY AGREEMENT AFFECTING SAID INDEBTEDNESS, AND THE UNDERSIGNED HEREBY WAIVES NOTICE OF ANY OR ALL OF THE AFORESAID. THE FILING OF SUIT OR EXHAUSTION OF COLLECTION OR LEGAL REMEDIES AGAINST DEBTOR SHALL NOT BE A CONDITION PRECEDENT TO THE ENFORCEMENT OF THIS GUARANTEE AND THE UNDERSIGNED HEREBY EXPRESSLY WAIVES PRESENTMENT FOR PAYMENT, DEMAND, PROTEST, NOTICE OF PROTEST, OR DILIGENCE. THIS GUARANTEE SHALL BE A CONTINUING AND IRREVOCABLE GUARANTEE AND INDEMNITY FOR ANY SUCH INDEBTEDNESS OF THE DEBTOR. I HEREBY AUTHORIZE THE RELEASE OF MY CREDIT REPORT AND CREDIT INFORMATION AND AGREE THAT THIS AUTHORIZATION SHALL BE CONTINUING.

SIGNATURE TITLE DATE

WITNESS SIGNATURE DATE

TYPE OR PRINT WITNESS NAME

DO NOT WRITE BELOW LINE-----

CREDIT APPROVED YES _____ NO _____ DATE _____

CREDIT LIMIT _____ TERMS _____