



To: New VoyageR Aluminum, Inc. Customers

From: VoyageR Aluminum, Inc. Accounting Department

Please complete the following 3 page Credit Application for VoyageR Aluminum, Inc. Follow the instructions below for returning the completed application.

**** TERMS ARE SUBJECT TO CREDIT APPROVAL ****

Voyager Aluminum, Inc. must have a signed and completed credit application on file. Credit applications may be e-mailed, faxed, or mailed. For fastest processing of your credit application, please send completed form via e-mail to the e-mail address listed below. Please include the words "Credit application" in the subject line. **A signed copy, mailed or faxed, must follow all e-mailed applications.**

Mailing Address: Voyager Aluminum, Inc.
Attn: Credit Department
PO Box 566
Brandon, MN 56315-0566

Fax Number: (320) 834-4745

E-mail: accounting@voyageraluminum.com

If you have questions, please contact:

Jon Boutain, Controller
VoyageR Aluminum, Inc.
320-524-2386
jon_b@voyageraluminum.com

VoyagerTM

Voyager Aluminum, Inc.
PO Box 566
Brandon, MN 56315-0566
Phone: (320) 834-4940
Fax: (320) 834-4439

New Account Information Confidential Credit Information (Please complete fully)

Salesperson:

Business Name: _____

Billing Address: _____

Street Address

City

State

Zip Code

Ship to Address: _____

Street Address

City

State

Zip Code

Description of Business: _____

Business Type: Corporation Partnership Sole Proprietor Number of Years in Business: _____

ACCOUNTS PAYABLE

Contact Person: _____

Name

Phone Number

Ext

Fax Number

Email Address

PURCHASING

Contact Person: _____

Name

Phone Number

Ext

Fax Number

Email Address

ALL OWNERS AND/OR COMPANY OFFICERS*

1. _____
Name *Title* *SSN*

Home Street Address

City

State

Zip Code

2. _____
Name *Title* *SSN*

Home Street Address

City

State

Zip Code

3. _____
Name *Title* *SSN*

Home Street Address

City

State

Zip Code

* Please attach a separate sheet for any additional owners.

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SUPPLIER REFERENCES

1. _____
Name *Phone Number* *Fax Number*

_____ *Street Address* *City* *State* *Zip Code*

2. _____
Name *Phone Number* *Fax Number*

_____ *Street Address* *City* *State* *Zip Code*

3. _____
Name *Phone Number* *Fax Number*

_____ *Street Address* *City* *State* *Zip Code*

4. _____
Name *Phone Number* *Fax Number*

_____ *Street Address* *City* *State* *Zip Code*

5. Mortgage holder/Landlord _____
Phone Number

_____ *Street Address* *City* *State* *Zip Code*

BANK REFERENCES

1. _____
Financial Institution Name

_____ *Street Address* *City* *State* *Zip Code*

_____ *Loan Officer's Name* *Phone Number* *Ext* *Fax Number*

2. _____
Financial Institution Name

_____ *Street Address* *City* *State* *Zip Code*

_____ *Loan Officer's Name* *Phone Number* *Ext* *Fax Number*

DUNS Number: _____

Expected monthly purchases: \$ _____ Line of Credit Requested: \$ _____

State Tax Exemption Number: _____ (please enclose copy of form)

Are financial statements available for review? Yes No

Has the firm or any of it's principals ever been Bankrupt? Yes No

If Yes, explain _____

Standard Credit Terms for VoyageR Aluminum, Inc.

1. Standard terms are payment upon delivery of product. In some cases credit may be established.
2. If credit is established. Payment is expected within terms.
3. Further orders will not be accepted and shipments will not be made in the event account is past due.

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Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. I/we further agree that VoyageR Aluminum, Inc. may contact our banks, vendors, or principals to determine our credit and financial responsibility, now or at any time in the future as is necessary.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Name of Business

<i>Print Name</i>	<i>Title</i>	<i>Signature</i>
<hr/>	<hr/>	<hr/>
<i>Print Name</i>	<i>Title</i>	<i>Signature</i>

Personal Guarantee

In consideration for VoyageR Aluminum, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to VoyageR Aluminum, Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between VoyageR Aluminum, Inc. and the business. VoyageR Aluminum, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by VoyageR Aluminum, Inc.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by VoyageR Aluminum, Inc. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: _____ Name: _____
(Name of person guaranteeing payment, NO TITLE)

Home address _____

Home Phone # _____ SS# _____

Signature of person guaranteeing payment _____

Name of Business whose account is guaranteed _____

CREDIT DEPARTMENT USE ONLY

Date: _____
Line of Credit Approved / Denied Amount \$ _____
Comments: