

**ELDREDGE
LUMBER & HARDWARE, INC**

627 US ROUTE ONE
YORK, MAINE 03909

TEL: 207-363-2004 FAX: 207-363-0949

Referred by: _____

DATE: _____

CREDIT APPLICATION- COMMERCIAL

02-09

BUSINESS NAME

FEDERAL TAX ID #

PHYSICAL ADDRESS

TELEPHONE NUMBER

MAILING ADDRESS

FAX NUMBER

CITY/TOWN STATE ZIP CODE

MONTHLY CREDIT
REQUESTED

EMAIL ADDRESS

NAMES (S) OF PRINCIPAL (S):

HOME ADDRESS AND SOCIAL SECURITY NUMBER:

PRODUCTS TO BE PURCHASED:

TYPE OF BUSINESS: ___ CORPORATION ___ PARTNERSHIP ___ SOLE PROPRIETOR ___ LLC ___ LIMITED PARTNER

BUSINESS CATEGORY: (EX. PAINTER, BUILDER, CABINET MAKER,ETC) _____

DOES APPLICANT PAY SALES TAX? ___ YES ___ NO (IF NO, COPY OF TAX EXEMPTION CERTIFICATE MUST BE ATTACHED)

YEAR BUSINESS ESTABLISHED: _____ IF INCORPORATED, IN WHAT STATE: _____

TRADE REFERENCES: (Local references preferred – lumber companies, other building material suppliers, car loans, oil companies, for example)

COMPANY NAME	ACCOUNT #	CITY/STATE	PHONE NO./FAX NO.
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- | | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |

BANK REFERENCES

NAME	ADDRESS	PHONE NO.
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- | | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |

TERMS OF SALE ARE NET /10TH. ALL PAST DUE ACCOUNTS ARE SUBJECT TO A FINANCE CHARGE OF 1 ½ % PER MONTH (18% ANNUALLY). **ANY ACCOUNT 30 DAYS PAST DUE MAY BE CLOSED TO FURTHER CHARGES WITHOUT NOTICE AND AUTOMATICALLY BECOME CASH ON DELIVERY.** THE UNDERSIGNED AGREES TO BE LIABLE FOR ANY OR ALL DEBTS, DUES OR CLAIMS INCURRED, INCLUDING ANY ACCRUED INTEREST, COST OF COLLECTION, AND ATTORNEY FEES. NOTHING CONTAINED HEREIN SHALL PREVENT ELDREDGE LUMBER & HARDWARE, INC. FROM PURSUING ITS REMEDIES UNDER MAINE'S PROMPT PAYMENT ACT, 10 M.R.S.A. § 1111, *et seq.* IF THERE IS MORE THAN ONE APPLICANT SIGNATOR BELOW, THEIR LIABILITY SHALL BE JOINT AND SEVERAL.

CLAIMS ARISING FROM THE UNDERSIGNED'S FAILURE TO PAY THE BALANCE DUE ON THIS ACCOUNT, INCLUDING CLAIMS ARISING OUT OF THE GUARANTEE SET FORTH BELOW, SHALL, IN ELDREDGE LUMBER & HARDWARE, INC.'S SOLE DISCRETION, BE RESOLVED THROUGH ARBITRATION IN ACCORDANCE WITH THE COMMERCIAL RULES OF THE AMERICAN ARBITRATION ASSOCIATION IN EFFECT AS OF THE TIME OF THE DEMAND FOR ARBITRATION.

◆ SIGNATURE _____ DATE _____

◆ TITLE _____

◆ SIGNATURE _____ DATE _____

◆ TITLE _____

GUARANTEE: For value received, the receipt of which is hereby acknowledged, the undersigned, jointly and severally guarantee to Eldredge Lumber & Hardware, Inc. the prompt payment of all sums due to Eldredge Lumber & Hardware, Inc., by the above-named applicant (s). The undersigned agree(s) to remain, bound on this guarantee notwithstanding any extension, indulgence of change in the terms of payment made with the applicant (s) , hereof, and waiving suretyship defenses generally the undersigned obligation to be of a principal in event of default, without obligation to Eldredge Lumber & Hardware, Inc., to first exhaust its remedies against the applicant (s), or to pursue other collateral. No termination of this guarantee shall be effective except that sent to Eldredge Lumber & Hardware, Inc. by registered mail naming an effective date after the date of receipt of said notice. Such termination shall not affect the liability of the undersigned with respect to any credit extended to the above named applicant (s) prior to said termination date.

Date _____

Witness

Guarantor's Signature

Address

Witness

Guarantor's Signature

Address

As a condition of approval of this application, I (we) hereby authorize Eldredge Lumber & Hardware, Inc. to request a report of my (our) credit history from a credit reporting agency such as Equifax, Transunion or Experian.

I (we) hereby authorize to release to Eldredge Lumber & Hardware, Inc the following bank information in conjunction with my (our) application for credit.

THE FOLLOWING IS TO BE FILLED OUT BY THE APPLICANT

Applicant name _____

Address _____

Telephone number _____

BANK NAME _____

MAILING ADDRESS _____

• _____

ACCOUNT NUMBER _____

BANK NAME _____

MAILING ADDRESS _____

• _____

ACCOUNT NUMBER _____

◆ Authorized signature _____

◆ Please print name _____

THE FOLLOWING IS TO BE FILLED OUT BY THE BANK

DATE ACCOUNT OPENED _____

AVERAGE BALANCE _____

CURRENT BALANCE _____

INSUFFICIENT FUNDS _____