

PART I - GENERAL INFORMATION

## APPLICATION FOR CREDIT ACCOUNT

LEGAL BUSINESS NAME		DBA				
ADDRESS – STREET, CITY, STATE, ZIP CODE						
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)						
TELEPHONE NUMBER	NATURE OF BUSINESS		YEARS IN BUSINESS UNDER THIS NAME			
FAX NUMBER	PO NUMBER REQUIRED? YES NO		CREDIT LINE DESIRED			
TAX EXEMPT? IF YES, PLEASE INCLUDE A TAX EXEMPTION CERTIFICATE YES NO						
ACCOUNTS PAYABLE CONTACT	A/P TELEPHONE NUMBER		A/P FAX NUMBER			
A/P EMAIL ADDRESS	A/P EMAIL ADDRESS		HOW WOULD YOU LIKE TO RECEIVE INVOICES AND STATEMENTS?  E-MAIL REGULAR MAIL			
WHO WILL BE AUTHORIZED TO PURCHASE?	WHO WILL BE AUTHORIZED TO PURCHASE?					
PART II – OWNERSHIP						
LEGAL STATUS:  PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER						
DATE BUSINESS STARTED	STATE OF INCORPORATION OR REGISTRATION OF PARTNERSHIP		DATE OF INCORPORATION			
REGISTERED AGENT	REGISTERED AGENT TELEPHOI	NE NUMBER	REGISTERED AGENT ADDRESS			
IF PROPRIETORSHIP, LIST THE NEAREST LIVING RELATIVE, ADDRESS, & TELEPHONE NUMBER						
NAMES OF OWNER(S) AND OFFICER(S)  1.	ADDRESS OF OWNER/OFFICER		SOCIAL SECURITY NUMBER			
2.						
3.						
4.						
HAS ANY OFFICER(S) EVER BEEN ADJUDGED BANKRUPT OR HAD ANY JUDGEMENTS, GARNISHMENTS, OR OTHER LEGAL PROCEEDINGS AGAINST HIM (THEM)? YES NO IF "YES", STATE FULL DETAILS						

For quick processing, fill out the application in its entirety and return by fax or email to Debra King at debrak@lynwoodsa.com



## APPLICATION FOR CREDIT ACCOUNT

## PART III - REFERENCES

BANK REFERENCES					
BANK NAME 1.	ADDRESS & BRANCH		ACCOUNT NUMBER		
NAME OF OFFICER	TELEPHONE		FAX		
BANK NAME 2.	ADDRESS & BRANCH		ACCOUNT NUMBER		
NAME OF OFFICER	TELEPHONE		FAX		
ATTACH BUSINESS FINANCIAL STATEMENTS OF	I R INDICATE BUSINESS NET WORTH				
SUPPLIER REFERENCES	<del>,</del>		<del>,</del>		
SUPPLIER NAME  1.	ACCOUNT NUMBER	TELEPHONE	FAX		
2.					
3.					
4.					
5.					
answer given on this application and agrees provided herein in connection with any oper Date: Signature Signature	ning of a Credit Account.	(Title			
Corp	oorate/Partnership Name:				
Date: Offic	er/Partner Signature:	(Title	.)		
<del></del>					
PART IV – JOB/PROJECT INFORMATION (IF APPLICABLE) PROJECT NAME					
JOB SITE ADDRESS					
GENERAL CONTRACTOR		ADDRESS			
SUPER / CONTACT NAME		TELEPHONE			
PROPERTY OWNER		ADDRESS			
CONTACT NAME		TELEPHONE			
BONDING COMPANY		ADDRESS			
AGENT'S NAME		TELEPHONE			

For quick processing, fill out the application in its entirety and return by fax or email to Debra King at <a href="mailto:debrak@lynwoodsa.com">debrak@lynwoodsa.com</a>

## TERMS AND CONDITIONS OF CREDIT AGREEMENT

I, or we, understand that all purchases to be made shall be according to the Terms and Conditions of Lynwood Building Materials, Inc. Lynwood's payment terms are 2% 10<sup>th</sup>, net 30th, unless payment is made by credit card. The terms for payments made by credit card are net 30<sup>th</sup> and are not eligible for discount. A deduction of 2% of the subtotal (before taxes) of any invoice may be taken if payment is made, with the exception of credit card, and received by Lynwood before the 10<sup>th</sup> of the following month of the delivery of the invoiced goods. All invoices and material payments are due by the 30<sup>th</sup> day of the following month from the date of delivery of the invoiced goods. I (We) understand that any delinquent amount will bear interest at the rate of 1 ½ % per month (18% per annum). In the event that my (our) account be referred out for collection, I (we) agree to pay all costs and expenses incurred in collecting past due amounts including, but not limited to, attorneys' fees. I (we) understand that the terms are not pay when paid, unless we have a written Agreement signed by both parties spelling out the payment terms according to a specific project. I (we) understand that should my account become past due, my (our) right to purchase on credit may be suspended until past due balances are paid.

Date:	Signature (Individual):	(Title)	
Date:	Officer/Partner Signature:	(Title)	
	Personal Guara	<u></u> ntee	
Date:			
named in this application, h	nereinafter called the Purchaser. I, the undersigned, o	sell your goods in accordance with your terms, to the company.  We, and each of us jointly and severally agree to and hereby be due, or may at any time hereafter become due to you from	
	y (our) liability under this instrument in all cases shall iven to me (us) are expressly waived.	pe construed as one of surety and that all notices statutory or	
Signature / Address		Signature / Address	
Signature / Addre		Signature / Address	

For quick processing, fill out the application in its entirety and return by fax or email to Debra King at <a href="mailto:debrak@lynwoodsa.com">debrak@lynwoodsa.com</a>