



www.dettingerlumber.com

24 Warren Terrace
 Pittsfield, MA 01201
 Phone 413-442-6916 Fax 413-443-7864
 Credit application for a business account

BUSINESS CONTACT INFORMATION

| | | | |
|----------------------|--------------|--------------------------|-----------|
| Company Name: | | Date business commenced: | |
| Owners Name: | | SS#: | |
| Phone: | Fax: | E-mail: | Cell: |
| Mailing address: | | | |
| City: | | State: | ZIP Code: |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

BUSINESS AND CREDIT INFORMATION

| | | | |
|------------------------------|----------------|--------|-----------|
| Primary business address: | | | |
| City: | | State: | ZIP Code: |
| How long at current address? | | | |
| Telephone: | | Fax: | E-mail: |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | | State: | ZIP Code: |
| Type of account | Account number | | |
| Savings | | | |
| Checking | | | |
| Other | | | |

BUSINESS/TRADE REFERENCES

| | | | |
|------------------|-------|---------|------|
| Company name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |

DO YOU REQUIRE PURCHASE ORDER NUMBERS OR JOB NAMES ON INVOICES YES OR NO?
 PLEASE SUPPLY A LIST OF VALID SIGNERS FOR THIS ACCOUNT.

AGREEMENT

Accounts are billed on the 25th of each month. **Payment is due in full within 30 days.** Prompt payment discount offered for payments received by the 10th of the month. **Prompt payment discount is available only for payments made by cash or check.** Unpaid balances accrue finance charge at a rate of 1.5% per month. (18% annually) All major credit cards are accepted for payment.

In the event the account is referred for collection, the account holder(s) shall be responsible for all costs of collection, including reasonable attorneys' fees, incurred by Dettinger Lumber Company Inc.

I/We fully understand your credit terms and agree to the proper payment in consideration of extended credit. I/We hereby certify that the facts set forth in the above application are true and complete to the best of my/our knowledge. You are hereby authorized to make any investigations concerning my/our financial standing and/or credit record through any investigative or credit agencies.

I/WE HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS.

| | |
|-----------------------------|-----------------------------|
| Signature & Title: Date: | Signature & Title: Date: |
|-----------------------------|-----------------------------|

Personal Guarantee

The Undersigned hereby personally guarantees full performance and payment of all amounts due on the aforementioned account including all finance charges, interest, collection cost and attorney's fee.

Signature _____ Printed Name _____