

- Business
- Agriculture
- Industry
- Municipal



Secor

COMMERCIAL

division of Secor Lumber Co., Inc.

APPLICATION FOR COMMERCIAL CREDIT

with Secor Lumber Co., Inc.

(30 Day Account)

The undersigned applicant agrees, in consideration of acceptance of the within credit application (Secor Lumber to notify applicant as to whether the credit application is accepted), and for other good and valuable consideration, to the following **TERMS OF SALE** on Secor Lumber *Commercial Charge Accounts* and/or subsequent job sub-accounts:

TERMS OF SALE

- 1) Invoices are to be paid in full by the 10th of the month following purchase. A prompt payment discount of 1% on discountable items will be allowed on payments postmarked on or before the 10th of the month following purchase. If payment is not postmarked by the 10th of the month following purchase, the total statement amount becomes NET and all discounts are forfeited.
- 2) If payment is not received by the 20th of the month after purchase, a finance charge of 2% per month will be added.
- 3) Sales tax is to be added to all invoices unless proper exemption is on file **BEFORE** material is purchased.

I(We), the undersigned, agree to the above terms of this sale contract.

x _____
Signature Date

x _____
Name(Print or Type) Title

GUARANTEE OF PAYMENT

The undersigned, in consideration of my(our) request for credit, and for other good and valuable consideration, hereby personally and individually guarantee performance and payment of the foregoing obligation. It is understood that this guarantee shall be continuing and shall guarantee, indemnify, and hold Secor Lumber harmless as to all indebtedness I(We) incur in connection with the above account, and I(We) waive demand and notice of default, and agree to pay all reasonable collection agency fees, attorney's fees, and court costs (even if litigation has not been commenced) in connection with the collection of all sums due Secor Lumber Co., Inc.

x _____
Signature Date

APPLICATION FOR COMMERCIAL CREDIT

The undersigned hereby apply for credit and certify that the information given below is true and correct:

COMPANY OR ORGANIZATION

COMPANY: _____ YEARS IN BUSINESS: _____
ADDRESS : _____
CITY : _____ STATE: _____ ZIP CODE: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____ e-mail @: _____
ACCOUNTS PAYABLE CONTACT: _____

Please identify your business as follows: Please include:
____ Corporation Federal I.D. Number: _____
____ Partnership {See Individual Data}
____ Proprietorship {See Individual Data}
____ Other: _____

INDIVIDUAL DATA (Partnerships * Officers * Trustees * Treasurers * Clerks)

NAME: _____ NAME: _____
ADDR: _____ ADDR: _____

TEL: (____) _____ - _____ TEL: (____) _____ - _____
SSN: _____ DOB: __/__/__ SSN: _____ DOB: __/__/__
**Attach additional sheet if necessary.*

What is the maximum monthly credit which you anticipate your account will require within our terms? \$ _____

BANKING ARRANGEMENTS

BANK REFERENCE: _____ (CONTACT)

***If your organization or material usage is tax exempt, please provide the appropriate, properly completed, tax exemption form with this application.*

TRADE REFERENCES
(Businesses now extending credit)

COMPANY NAME : _____

ADDRESS : _____

(_____) _____ - _____
Phone Contact

COMPANY NAME : _____

ADDRESS : _____

(_____) _____ - _____
Phone Contact

COMPANY NAME : _____

ADDRESS : _____

(_____) _____ - _____
Phone Contact

COMPANY NAME : _____

ADDRESS : _____

(_____) _____ - _____
Phone Contact

You have my consent to make any inquiry as to my credit to any bank(s) or person(s) you wish, now or at any time in the future.

Date: _____ Applicant: _____

Signature

Thank you for completing our credit application. We will do our best to process your request within five working days from receipt of your completed application.



Secor Lumber Co., Inc.

online

PO Box 248 • 13140 W. Church St. • Savannah, NY 13146-0248
1-800-581-1939 ☐ tel.315.365.2838 ☐ fax.315.365.3434 ☐ accounting@secorlumber.com

COMMERCIAL AUTHORIZATION TO CHARGE (Optional):

Modification and/or addendum to Commercial Application for Credit with Secor Lumber Co., Inc.

Account Name _____

Job Name (if applicable) _____

Account administrator requests, 'charging to this account be restricted to the following':

- | | | | | | |
|----------|------------------------------|------------------------------|-----------|------------------------------|------------------------------|
| 1. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del | 6. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del |
| 2. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del | 7. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del |
| 3. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del | 8. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del |
| 4. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del | 9. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del |
| 5. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del | 10. _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Del |

Attach an additional page if necessary.

Secor Lumber will Add or Delete names, as indicated above, to this account's (and or job's) authorized to charge listing. One of the authorized names must be selected to conclude each transaction. Selected name will be printed on the bottom of that invoice. We can also require that every transaciton include a customer provided Purchase Order number. For additional protection we recommend you use an internal Purchase Order system.

For a fee of \$20.00 per name, you can optionally request that we attach a digital photo to each name for identification purposes. This service will give further protect your account but is not required by us.

In the event of a change in your company's personnel, an authorized account administrator is required to submit *in writing* additions and deletions from this initial list of agents authroized to charge to this account. Secor Lumber cannot be responsible for verbal or other requests to change this list which are not made in writing.

x _____ __/__/__
Authorization submitted by (Customer):

COMPANY USE:

AUTHORIZATIONS ADDED/DELETED: __/__/__ BY: _____