



P.O. Box 248 • Savannah, NY 13146
tel.315.365.2838 fax.315.365.3434 www.secorlumber.com

CONTRACTOR'S APPLICATION FOR CREDIT

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 *Contractor Charge Accounts* and/or subsequent job sub-accounts:

TERMS OF SALE [Discount 5th net 6th]

- 1) Invoices are to be paid in full by the 5th of the month following purchase. A prompt payment discount of 2% on discountable items will be allowed on payments postmarked on or before the 5th of the month following purchase. If payment is not postmarked by the 5th of the month following purchase, the total statement amount becomes NET and all discounts are forfeited.
- 2) If payment is not received by the 15th 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

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

COMPANY DATA

COMPANY: _____ YEARS IN BUSINESS: _____

ADDRESS : _____

CITY : _____ STATE: _____ ZIP CODE: _____

Phone: (____)____-____ Fax: (____)____-____ e-mail @: _____

Cell Phone: : (____)____-____ ACCOUNTS PAYABLE CONTACT: _____

Please identify your business as follows:

____ Corporation
____ Partnership {See Individual Data}
____ Proprietorship {See Individual Data}

Please include:

Federal I.D. Number: _____

INDIVIDUAL DATA (Partnerships-List Partners * * * Corporations-List Officers)

NAME: _____ NAME: _____

ADDR: _____ ADDR: _____

TEL: (____)____-____ TEL: (____)____-____

CELL:(____)____-____ CELL: (____)____-____

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

BUSINESS CHECKING \$ _____

(Balance)

BANK: _____ CONTACT: _____

BUSINESS SAVINGS \$ _____

(Balance)

BANK: _____ CONTACT: _____

BUSINESS LINE OF CREDIT ... \$ _____, \$ _____

(Credit Limit)

(Current Balance)

BANK: _____ CONTACT: _____

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.



AUTHORIZATION TO CHARGE:

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

Account Name _____

Job Name (if applicable) _____

Contractor requests that charging to this account be restricted to the following names:

- | | | | | | |
|----------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | 6. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | Add | Del | | Add | Del |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | 7. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | Add | Del | | Add | Del |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | 8. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | Add | Del | | Add | Del |
| 4. _____ | <input type="checkbox"/> | <input type="checkbox"/> | 9. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | Add | Del | | Add | Del |
| 5. _____ | <input type="checkbox"/> | <input type="checkbox"/> | 10. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | Add | Del | | Add | 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 transaction 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 the Contractor's personnel authorized to charge, the Contractor will submit in writing additions and deletions from this initial list of agents authorized 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: _____