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## APPLICATION FOR CREDIT WITH PERSONAL GUARANTEE

Retail and Wholesale Lumber **Building Materials-Custom Sawing** 

|  |             | Date               |  |  |  |
|--|-------------|--------------------|--|--|--|
| Account Name                                     |             | Telephone          |  |  |  |
| Business Name                                    |             |                    |  |  |  |
| Mailing Address                                  |             |                    |  |  |  |
| lown   |             | State_             |  | Zip                                    |  |
| Street Address                                   |             |                    |  |  |  |
| Street Address Account Type (circle) Federal ID# | Corporation | Partnership        | Personal   |  |  |
| Nature of Business                               |             | THE REAL PROPERTY. | How Long in  | Business                               | The state of the s |
| Owners or Officers:                              |             |                    |  |  |  |
| I.)  |             |                    |  |  |  |
| First Name                                       | Initial     |                    | ame  |  | ddress   |
| Phone  |             | Social             | Security#  |  | A COLOR TO SERVICE AND SERVICE |
| 2.)  |             |                    |  |  | The Company of the Commission of Company of the Commission of Commission |
| First Name                                       | Initial     |                    |  |  | Address  |
| Phone  |             | Social             | Security#  |  |  |
| Trade References:                                |             |                    |  |  |  |
| 1  |             |                    |  |  |  |
| Name   | Address     |                    |  |  | Phone  |
| 2.   |             |                    |  |  |  |
| Name   | Address     |                    | adi adinagan di guardina di Promonina nya kaonina ana kaonina mpika dia mpika di mpika di mpika di mpika di mp   | ************************************** | Phone  |
| 3  |             |                    |  |  |  |
| Name   | Address     |                    |  |  | Phone  |
| 4  |             |                    |  |  |  |
| Name   | Address     |                    | The state of the s |  | Phone  |
| Bank Name  |             |                    |  |  |  |
| Account Number                                   |             |                    | Con  | tact Officer                           |  |
| Credit Limit Requested_                          |             |                    |  |  |  |
| For What Purpose                                 |             |                    |  |  |  |
| (Please Read & Sign Page                         | e 2)        |                    |  |  |  |

| Amo                   | ong Those Persons authorized to charge to my account (until revoked in writing):  |
|-----------------------|---|
| per r<br>char<br>expe | MS: All accounts are due and payable the 15th of the following month after they are charged. Interest 1-1/2 % month (18%APR) will be applied to all past due amounts thirty (30) days or more from date of invoice, no more ges will be permitted until all past due amounts are paid in full. Payment of reasonable attorneys' fees and nses in the event legal representation is undertaken to collect any sums due on the account.     |
| ACC                   | CEPTANCE OF TERMS:  |
|                       | , on behalf of (name of business entity), hereby agree to the terms d above. I also authorize Hillside to conduct a credit check, including contacting the trade references and bank tified above.  |
| Signa                 | ature:Title:  |
|                       | PERSONAL GUARANTEE  |
| sever<br>accou        | insideration of the extension of credit to the above-named business entity the undersigned principals, jointly and rally, and personally, guarantee payment of all charges, billings and interest costs imposed hereafter in any open untextended to the above-named business entity. In the event that such charges, billings and interest costs are promptly paid, the undersigned guarantees as primary guarantors (s) the payment of: |
| 1.                    | Any balance due on the aforesaid open account.  |
| 2.                    | Interest at the rate of 18% per annum upon the unpaid balance.  |
| 3.                    | Reasonable attorneys' fees and expenses in the event legal representation is undertaken for the collection of any sums due on such account.   |
| Signa                 | ature:  |
| Name                  | e (please print):   |
| Siana                 | oture.  |
| Nama                  | ature:e (please print):   |
|                       |   |