

BUSINESS CREDIT APPLICATION
BAYWAY LUMBER

Salesman _____

400 ASHTON AVE. (OFF RT. 1-9) LINDEN, NEW JERSEY 07036
(908) 486-4480 Fax (908) 486-8610

DATE _____

LEGAL NAME OF CORPORATION
PARTNERSHIP OR PROPRIETORSHIP _____

ADDRESS _____
STREET CITY STATE ZIP

BUSINESS PHONE _____ FAX NUMBER _____

IF THIS IS A SUBSIDIARY:
NAME AND ADDRESS OF PARENT COMPANY _____

TYPE OF BUSINESS HOW LONG IN EXISTENCE _____ YEARS
 PARTNERSHIP IF CORPORATION:
 INDIVIDUAL PROPRIETORSHIP STATE INCORPORATED IN _____
 CORPORATION DATE INCORPORATED _____

PRINCIPAL'S NAME	HOME ADDRESS	SOCIAL SECURITY NUMBER	POSITION
A) _____	_____	_____	_____
B) _____	_____	_____	_____
C) _____	_____	_____	_____

PURCHASING AGENT(S): _____ ACCOUNTS PAYABLE CONTACT: _____

OTHER PEOPLE AUTHORIZED TO CHARGE _____

CREDIT LINE REQUIRED: _____ ESTIMATED ANNUAL PURCHASES _____

TYPE OF GOODS PURCHASED: _____

BANK REFERENCES:

BANK NAME _____ ACCOUNT #: _____
CONTACT: _____ TELEPHONE # _____ FAX # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK NAME _____ ACCOUNT #: _____
CONTACT: _____ TELEPHONE # _____ FAX # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

*** IF JOB IS BONDED, PLEASE PROVIDE AGENCY NAME AND ADDRESS ***

CREDIT REFERENCES:

- 1) SUPPLIER NAME: _____ CONTACT: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ FAX # _____ YEARS DOING BUSINESS _____ ANNUAL PURCHASES _____

- 2) SUPPLIER NAME: _____ CONTACT: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ FAX # _____ YEARS DOING BUSINESS _____ ANNUAL PURCHASES _____

- 3) SUPPLIER NAME: _____ CONTACT: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ FAX # _____ YEARS DOING BUSINESS _____ ANNUAL PURCHASES _____

- 4) SUPPLIER NAME: _____ CONTACT: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ FAX # _____ YEARS DOING BUSINESS _____ ANNUAL PURCHASES _____

- 5) SUPPLIER NAME: _____ CONTACT: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ FAX # _____ YEARS DOING BUSINESS _____ ANNUAL PURCHASES _____

PLEASE INCLUDE AT LEAST 2 LUMBERYARDS/BUILDING MATERIAL SUPPLIERS

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information, now or in the future, and/or obtain additional information by securing data from a credit reporting agency. We understand that all past due balances will be subject to a 1 1/2 % per month service charge. We further agree to pay 30% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

SIGNED _____ POSITION _____ DATE _____

Printed Name _____

SIGNED _____ POSITION _____ DATE _____

Printed Name _____

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 30% collection charge on the entire unpaid balance. The undersigned authorized you or your authorized agent, to verify any of the above information, now or in the future, and/or obtain additional information by securing data from a credit reporting agency.

SIGNED _____ WITNESS _____ DATE _____

Printed Name _____

SIGNED _____ WITNESS _____ DATE _____

Printed Name _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.