

Office Use Only	Salesman _____
	Credit Limit _____
	Approved by _____
	Acct No. _____
	Date _____

CREDIT APPLICATION

Requested Credit Limit \$ _____ Date _____

Company Name _____ Telephone No. _____

Street Address _____ Fax No. _____

City _____ State _____ Zip _____ County _____

Date Business Started _____ Individual Partnership Corporation

Type of Business _____ Soc Sec or Fed ID No. _____

Legal Owners Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

NAMES AND TITLES OF OFFICERS

Name _____ Title _____ Residence Telephone No. _____
Soc Sec No. _____

Name _____ Title _____ Residence Telephone No. _____
Soc Sec No. _____

Name _____ Title _____ Residence Telephone No. _____
Soc Sec No. _____

Accounts Payable Contact _____ Telephone No. _____

Have you ever filed Personal or Business Bankruptcy? Yes No When? _____

Bank _____ Account No. _____ Officer _____

Address _____ City _____ State _____ Zip _____

Bank Telephone No. _____ Sales Tax Exemption No. _____

Bank Fax No. _____ **(Include Copy of Form)**

PLEASE LIST THREE ACTIVE TRADE REFERENCES

Name _____ Telephone No. _____ Fax No. _____

Name _____ Telephone No. _____ Fax No. _____

Name _____ Telephone No. _____ Fax No. _____

OUR TERMS ARE:

1% 10 DAYS, NET 30 DAYS FROM DATE OF INVOICE.

A service charge of 1 ½% (18% APR) per month will be charged on all invoices over 30 days old.

A \$20 charge will be added to all returned checks.

I authorize you to verify and collect information on me, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. The application has been carefully prepared by the undersigned and is to my knowledge complete, accurate and truthful. If my account is accepted, I agree to pay according to Industrial Lumber & Plywood, Inc.'s terms of sale. I further agree to pay up to 35% of unpaid balances for collection costs and expenses including attorney's fees incurred by Industrial Lumber & Plywood, Inc. in collecting or attempting to collect such account.

APPLICANT SIGNATURE

TITLE

DATE

PLEASE COMPLETE APPLICABLE GUARANTY

- 1) If you are sole owner of your business complete the Individual Guaranty.
- 2) If your spouse or another person or persons are officers in your company, complete the Joint Personal Guaranty.

****INDIVIDUAL PERSONAL GUARANTY****

I, _____, located at _____ for and in consideration of your
(Your Name) (Company Address)

extending credit at my request to _____ (hereinafter referred to as the "Company"),
(Company Name)

hereby personally guarantee to you the payment at Industrial Lumber & Plywood, Inc. in the State of Minnesota of any obligation of the Company and I hereby agree to bind myself to pay on demand any sum which may become due to you that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

APPLICANT SIGNATURE _____ DATE _____

WITNESS NAME _____ WITNESS SIGNATURE _____ DATE _____

JOINT PERSONAL GUARANTY

We, _____ and _____, located at _____, for and
(Name 1) (Name 2) (Company Address)

in consideration of your extending credit, at our request, to _____ (hereinafter referred to as
(Company Name)

the "Company"), hereby personally guarantee to you the payment at Industrial Lumber & Plywood, Inc. in the state of Minnesota of any obligation of the Company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that the guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

WITNESS NAME _____ WITNESS SIGNATURE _____ DATE _____

4100 WASHINGTON AVE N / MINNEAPOLIS, MN 55412 / PHONE (612) 521-4767 / FAX (612) 521-4785