

APPLICATION FOR BUSINESS CREDIT

Complete all information (if none, so state) PO Box 530 – 4 Colonial Drive – East Hampstead, NH 03826
 If additional space is required for any item 603-329-5322 – 800-682-6000 – fax: 603-329-8089
 please use reverse side. www.eastcoastlumber.net



BUSINESS NAME _____

DATE _____ **SALES PERSON** _____

MAILING ADDRESS _____

BUSINESS PHONE _____ **CELL PHONE** _____

TOWN _____ **STATE** _____ **ZIP** _____

PHYSICAL ADDRESS (if different than mailing address) _____

EMAIL ADDRESS _____

(providing your email address authorizes ECL to send billing statements, invoices, & communicate electronically)

TOWN _____ **STATE** _____ **ZIP** _____

CHECK ONE: Corporation _____ State/Date of Incorporation _____; Trust _____ Trust Agreement Recorded in what Registry? _____

Partnership _____ General or Limited _____; Proprietorship _____
 (If less than 3 years, principal(s) should complete individual credit application(s) and submit 3 years business financial statements and/or individual tax returns. If a corporation, attach certificate of incorporation.)

DATE COMMENCED BUSINESS _____ **TAX ID NUMBER** _____

OWNERS, OFFICERS, TRUSTEES, OR IF PARTNERSHIP, ALL GENERAL PARTNERS:

Name	Title	Home Address	Home Telephone	SS#

Name	Title	Home Address	Home Telephone	SS#

ANY AFFILIATED COMPANIES? _____ if yes, list on reverse side.

PLEASE LIST REAL PROPERTY OWNED BY EITHER CORPORATION OR PRINCIPALS OF BUSINESS:

Address	Lot#	Town	State	Mortgage Holder

Address	Lot#	Town	State	Mortgage Holder

SALES TAX STATUS (attach certificate): Taxable _____ Resale _____ Exempt _____

MONTHLY CREDIT DESIRED \$ _____

CHECKING ACCOUNT(S)

Bank Name	City/State	Tel. #	Acct# (must be included)

Bank Name	City/State	Tel. #	Acct#

BUSINESS / CONSTRUCTION LOANS

Bank Name	City/State	Tel. #	Acct#	BAL.

Lenders Name	City/State	Tel. #	Acct#	BAL.

Lenders Name	City/State	Tel. #	Acct#	BAL.

TRADE REFERENCES [Must List Current MAJOR Suppliers (if none, so state)]

Name	City/State	Tel. #	Acct#	Open/High Credit

Name	City/State	Tel. #	Acct#	Open/High Credit

Name	City/State	Tel. #	Acct#	Open/High Credit

NAMES AUTHORIZED TO CHARGE:

Name	Cell/Phone	Name	Cell/Phone

Name	Cell/Phone	Name	Cell/Phone

- RESPONSIBILITY OF COMPANY BILLED TO ADD OR REMOVE NAMES AUTHORIZED TO CHARGE -

Billing Contact: _____ **Cell/Phone:** _____

FOR RENTAL EQUIPMENT ONLY: DAMAGE WAIVER YES _____ NO _____ (SEE BACK FOR DETAILS)

- PLEASE PROVIDE A COPY OF CERTIFICATE OF LIABILITY INSURANCE NAMING EAST COAST LUMBER AS CERTIFICATE HOLDER -

AUTHORIZATION:

I/We authorize the above listed trade and bank references to release, upon verbal or written request, by East Coast Lumber and Building Supply Company, Inc., (East Coast Lumber) such information requested relative to open accounts notes, mortgages, construction loans and average deposit balances pertinent to the granting of credit by this application.

AGREEMENT:

I/We certify the above-furnished information to be true and accurate.

I/We are financially able to meet any commitments we make and we expect to pay invoices according to terms: 2% 10, net EOM.

I/We agree to pay East Coast Lumber in addition to amounts due for materials and services rendered, an overdue assessment charge of 2% per month, or 24% per year on any balance remaining unpaid from the preceding monthly billing period.

I/We further agree, in the event any balance is past due and is placed in the hands of any attorney for collection, and then if permitted by law, the applicant(s) agrees to pay all costs and expenses of such action, together with reasonable attorney's fees.

Date	Applicant	Address

Date	Applicant	Address

GUARANTEE

For value received the receipt of which is hereby acknowledged, the undersigned, as principals and not as sureties, jointly and severally guarantee to East Coast Lumber and Building Supply Company, Inc., (East Coast Lumber) the prompt payment of all sums due to East Coast Lumber by the above named applicant(s). The undersigned agrees to remain, bound on this guarantee notwithstanding any extension, indulgence of change in the terms of payment made with the applicant(s), hereof, and waiving suretyship defenses generally the undersigned obligation to be of a principal in event of default, without obligation to East Coast Lumber to first exhaust its remedies against the applicant(s), or to pursue other collateral.

No termination of this guarantee shall be effective except that sent to East Coast Lumber by certified mail naming an effective date after the date of receipt of said notice. Such termination shall not affect the liability of the undersigned with respect to any credit extended to the above named applicant(s) prior to the receipt by East Coast Lumber of said termination notice.

Date	Guarantor's Signature (No Titles Please)	Address

Date	Guarantor's Signature (No Titles Please)	Address

