

# HUSTON LUMBER & SUPPLY COMPANY

P.O. Box 7367 Watchung, NJ 07069

Accounting (908) 756-6308 (908) 756-2228 fax

Watchung Sales (908) 756-5700 (908) 757-8698 fax

Oldwick Sales (908) 439-6200 (908) 439-3209 fax

## CREDIT APPLICATION

Please type or print legibly in ink. Application must be completed in full and signed by authorized representative(s).

Name of Business \_\_\_\_\_

Address: 1) \_\_\_\_\_  
P.O. Box City State Zip

2) \_\_\_\_\_  
Street City State Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Type of Business:  Individual  Partnership  Corporation  LLC  Other (specify) \_\_\_\_\_

Federal ID # \_\_\_\_\_ DUNS # \_\_\_\_\_ Number of years in business \_\_\_\_\_

Have you done business under any other name within the past four (4) years?  Yes  No

If yes, under what name? \_\_\_\_\_ City & State \_\_\_\_\_

Credit Line Requested \$ \_\_\_\_\_ Website Address \_\_\_\_\_

### COMPANY OFFICERS/PARTNERS/OWNERS

1. \_\_\_\_\_  
Name Title Driver's License #

Address \_\_\_\_\_  
Street City State Zip

2. \_\_\_\_\_  
Name Title Driver's License #

Address \_\_\_\_\_  
Street City State Zip

For Office Use Only

Open Account  Approved: Credit Line Granted \$ \_\_\_\_\_ Terms \_\_\_\_\_  Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

# HUSTON LUMBER & SUPPLY COMPANY

## BANK ACCOUNT INFORMATION

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Branch Address \_\_\_\_\_  
Street City State Zip

## FINANCIAL INFORMATION

Attach copies of the most recent year-end financial statement and a current interim financial statement.

## CREDIT REFERENCES

1. Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

2. Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

3. Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

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## TERMS AND ACKNOWLEDGEMENT

I certify that the information stated on this credit application is true and correct and I agree to pay this account in accordance with your terms. I authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. I understand that all past due balances will be subject to a finance charge of 1¼% per month, which is an annual rate of 15%.

I further agree to pay all amounts due plus collection costs and reasonable attorney's fees should the matter be referred to a collection agency or an attorney for collection. In the event this matter goes to litigation, I agree to the exclusive jurisdiction of the courts of New Jersey.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

# HUSTON LUMBER & SUPPLY COMPANY

## PERSONAL INFORMATION AND GUARANTEE

*A separate personal guarantee must be completed by each Partner/Owner.*

Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Residence \_\_\_\_\_  
Street City State Zip

Marital Status \_\_\_\_\_ If married, full name of spouse \_\_\_\_\_

Name of Business \_\_\_\_\_ Percent Ownership \_\_\_\_\_%

Are you a principal in any other business?  Yes \_\_\_\_\_  No \_\_\_\_\_  
Name of business

Bank Name & Branch Location \_\_\_\_\_

Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_

Brokerage Name & Location \_\_\_\_\_

Account Number \_\_\_\_\_

Do you own your residence?  Yes \_\_\_\_\_  No \_\_\_\_\_  
Mortgage Company

I certify that the information stated on this credit application is true and correct and I agree to pay this account in accordance with your credit terms. I authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. I understand that all past due balances will be subject to a 1-1/4 % per month finance charge, which is an annual rate of 15%

I personally agree to pay all amounts due plus collection costs and reasonable attorney's fees should the matter be referred to a collection agency or an attorney for collection. In the event this matter goes to litigation, I agree to the exclusive jurisdiction of the courts of New Jersey.

Principal's Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Date \_\_\_\_\_