

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

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 1½% per month, which is an annual rate of 18%.

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 1½% per month finance charge, which is an annual rate of 18%.

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 _____