

Need by _____
CREDIT APPLICATION



Salesman _____
O: 631-325-0303

PO Box 480
207 Montauk Highway, Speonk, NY 11972

TYPE

Business Individual Credit Line Desired _____

CLASS

Tract Builder Custom Builder Home Improvement Industrial Acct Homeowner Employee Dealer Municipality

Name _____ SS No. _____ Business Name _____

Spouse's First Name _____ SS No. _____

Mailing Address _____
Street Town State Zip

Street Address _____
Street Town State Zip

Please List any Address _____

Changes in Past 7 Years _____

Own Your Home Yes No Number of Years _____ Phone _____

Occupation _____ Employed By _____

Employer's Address _____ Number of Years _____

Bank Reference _____ Account No _____

Branch Address _____ Phone _____

Type Account Checking Savings Loan Auto Home Mortgage Business

TRADE REFERENCES

Name _____ Phone _____

Address _____ City, State, Zip _____

Name _____ Phone _____

Address _____ City, State, Zip _____

Name _____ Phone _____

Address _____ City, State, Zip _____

CORPORATION OR COMPANY DOING BUSINESS AS _____ ID# _____

PRESIDENT _____ Home Phone _____

Home Address _____

TREASURER _____ Home Phone _____

Home Address _____

SECRETARY _____ Home Phone _____

Home Address _____

CREDIT TERMS: 2%-10th, Net-25th. No orders will be filled if payments are not made by the 25th. A service charge of 2% per month will be added commencing with the 25th. **Minimum monthly charge of \$500.00 is expected.** Signed X _____ SS # _____

RELEASE OF INFORMATION In conjunction with my/our request for a charge account from Speonk Lumber Corp., I/we do hereby authorize the release to Speonk Lumber Corp. any and all information requested by them in their efforts in approving a line of credit for myself and/or my company.

Signed X _____ Signed X _____

Signed X _____ Spouse Signed X _____ Spouse

GUARANTY OF PAYMENT in consideration of one dollar and other good and valuable consideration, the receipt of which is hereby acknowledged, I (we) hereby guarantee unto SPEONK LUMBER CORPORATION, the payment of any indebtedness of (Name of account) _____ now existing or which is incurred hereafter and in whatever form it may be evidenced. This is to be a continuing guarantee until all payment of indebtedness is made. It is not to be limited in any manner. When and if this account is placed in the hands of an attorney for collection of any amounts unpaid and owing, I (we) guarantee and agree to pay attorney's fees of 20% of the amount due which is agreed to be reasonable for collections, in addition to the amount of the unpaid balance due.

Date _____ X _____ X _____
Guarantor Signature (Individually without title) Co/Guarantor Signature (Individually without title)

Copy of the application acknowledged as received by the signature hereto.
ATTENTION no application will be processed without personal guarantee nor processed if not filled out in its entirety. If help is needed please contact your salesman or our office.