



P.O. Box 256 • 484 Housatonic Street • Dalton, Massachusetts 01227 • Tel. (413) 684-0025 • Fax (413) 684-0427

CREDIT APPLICATION

NAME OF APPLICANT (FIRM OR INDIVIDUAL) _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____ PHONE _____
EMPLOYER _____ #YEARS _____
SOCIAL SECURITY OR FEDERAL EMPLOYER ID # _____ SPOUSE'S SOCIAL SECURITY # _____

The following information must be completed and will be held in confidence:

References: Banks, Department Stores, and Other Lumber Yards (include addresses, phone #'s. and account #.)

Our terms are 2% 10 DAYS, NET 30 DAYS. A 2% discount on the material purchased (not sales tax) will be given on all invoices paid within 10 days of issuance. All invoices are due in full within 30 days of issuance. Invoices will be mailed weekly. **ABSOLUTELY NO DISCOUNTS WILL BE ALLOWED ON PAST DUE ACCOUNTS.** Account balances may be transferred automatically on our Auto-pay Plan on the first of each month to your MasterCard, Discover, Visa or American Express. A 2% discount will always be given on the Auto-pay Plan.

AUTO PAY AUTHORIZATION: Credit Card # _____ Expiration Date _____

CARDHOLDER SIGNATURE

DATE

The undersigned applicant ("Applicant"), in order to induce L. P. Adams Co., Inc. to grant credit to Applicant and in consideration thereof, hereby agrees to pay any and all amounts now due or which may become due from Applicant to L. P. Adams Co., Inc., including, without limitation, (a) all costs that may be incurred in the collection of Applicant's account, including reasonable attorneys' fees, and (b) interest at the rate of 1½% per month on balances outstanding for more than 30 days (annual percentage rate of 18%). Applicant fully understands the credit terms specified above and agrees to make payment in accordance with such terms. Applicant hereby certifies that the information set forth in this Application is true and complete to the best of Applicant's knowledge. Applicant hereby authorizes L. P. Adams Co., Inc. to make any investigations concerning Applicant's financial standing and/or credit record through any investigative or credit agencies.

Individual Applicant Sign Here:

Entity Applicant (Corporation, LLC or Partnership) Sign Here:

Signature
Print Name: _____

Date: _____

Print Name of Applicant

By: _____
*Signature of Person Signing on Behalf of Applicant**

Print Name of Signer: _____

Title of Signer: _____

Date: _____

*If Applicant is a corporation, an officer must sign. If Applicant is a limit liability company, a member or manager must sign. If Applicant is a partnership, a partner must sign.

PERSONAL GUARANTY

<u>Name of Guarantor</u>	<u>Address</u>	<u>Phone No.</u>	<u>Social Security No.</u>	<u>Relationship to Applicant (shareholder, director, officer, member, manager, partner)</u>

The undersigned guarantor(s) (collectively, "Guarantor"), in order to induce L. P. Adams Co., Inc. to grant credit to Applicant, and in consideration thereof, hereby guaranties payment of any and all amounts now due or which may become due from Applicant to L. P. Adams Co., Inc., including, without limitation, (a) all costs that may be incurred in the collection of Applicant's account, including reasonable attorneys' fees, and (b) interest at the rate of 1 ½% per month on balances outstanding for more than 30 days (annual percentage rate of 18%). Guarantor fully understands and agrees to the credit terms specified above. Guarantor agrees that it shall not be necessary for L. P. Adams Co., Inc. to resort to or exhaust its remedies against Applicant before calling upon Guarantor for payment. Guarantor hereby certifies that the information regarding Guarantor set forth above is true and complete to the best of Guarantor's knowledge. Guarantor hereby authorizes L. P. Adams Co., Inc. to make any investigations concerning Guarantor's financial standing and/or credit record through any investigative or credit agencies.

Date

Guarantor's Signature

Date

Guarantor's Signature