

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

CREDIT APPLICATION

(FIRM OR INDIVIDUAL) STREET ADDRESS CITY EMPLOYER SOCIAL SECURITY OR FEDERAL SPOUSE'S SOCIAL SECURITY OF SECU	STATE	ZIP	P.O. BOX_PHONE		
CITY EMPLOYER SOCIAL SECURITY OR FEDERAL		ZIP			
EMPLOYERSOCIAL SECURITY OR FEDERAL		ZIP			
SOCIAL SECURITY OR FEDERAL					
SOCIAL SECURITY OR FEDERAL		-	UNITADO		
	EMPLOYER ID	#	# I LARS		
SPOUSE'S SOCIAL SECURITY #_					
The following informa References: Band (Include add	ks, Department Storesses, phone number	ores, and Other	Lumber Yards		
Our terms are 2% 10 DAYS, NET 30 will be given on all invoices paid with issuance. Invoices will be mailed wee PAST DUE ACCOUN'TS. Account be the first of each month o your Master always be given on the Auto-pay Plan.	in 10 days of issua kly. ABSOLUTE alances may be tra Card, Discover, V	nce. All invoi LY NO DISCO nsferred autom isa or America	ces are due in full within 30 days of DUNTS WILL BE ALLOWED ON patically on our Auto-pay Plan on		
Credit Card #	Expiration Date				
		Daphanon			
CARDHOLD ER SIGNATU	DE		DATE		

INVOICES	FAX NUMBER	E-MAIL ADDRESS		
STATEMENTS				
L. P. Adams Co., Inc., include account, including reasonable more than 30 days (annual per agrees to make payment in account Application is true and complete.)	ling, without limitation, (a attorneys' fees, and (b) in reentage rate of 18%). Apportance with such terms. He to the best of Applicant's concerning Applicant's	aduce L. P. Adams Co., Inc. to grant credit to Applicant and in amounts now due or which may become due from Applicant to a) all costs that may be incurred in the collection of Applicant's nterest at the rate of 1½% per month on balances outstanding for applicant fully understands the credit terms specified above and Applicant hereby certifies that the information set forth in this it's knowledge. Applicant hereby authorizes L. P. Adams Co., financial standing and/or credit record through any investigative Entity Applicant (Corporation, LLC or Partnership) Sign Here:		
Signature		Print Name of Applicant		
Print Name:		By:		
Date:		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 limited liability company, a member or manager must sign. If Applicant is a partnership, a partner must sign.		

PERSONAL GUARANTY

Name of Guarantor	Address	Phone No.	Social Security No.	Applicant (shareholder director, officer, member, manager, partner)
become due from Applicant's on balances outstanding for r to the credit terms specified a	to L. P. Adams Co., It account, including reamore than 30 days (annabove. Guarantor agreamst Applicant before larantor set forth above L. P. Adams Co., Inc.	aranties payment onc., including, with sonable attorneys' and percentage rates that it shall not calling upon Guare is true and comp. to make any investigation.	of any and all amounthout limitation, (a fees, and (b) into the of 18%). Guar to be necessary for antor for payment lete to the best of estigations concern	a) all costs that may be incurred increst at the rate of 1½% per montionantor fully understands and agrees L. P. Adams Co., Inc. to resort t. Guarantor hereby certifies that Guarantor's knowledge
Date	_	Gu	arantor's Signai	ture
Date	livid .	Gu	arantor's Signat	ture

Relationship to