

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

## **CREDIT APPLICATION**

		P.O. BOX					
TATE	ZIP	PHONE					
		#YEARS					
SOCIAL SECURITY OR FEDERAL EMPLOYER ID #							
	TATE		TATE ZIP PHONE   #YEARS				

The following information must be completed and will be held in confidence References: Banks, Department Stores, and Other Lumber Yards (Include addresses, phone numbers and account numbers)

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

Invoices and statements can be e-mailed to multiple address's or faxed please provide the information below:

INVOICES	FAX NUMBER	E-MAIL ADDRESS
STATEMENTS		

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  $1\frac{1}{2}\%$  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 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.	<u>Social</u> Security No.	<u>Applicant (shareholder</u> <u>director, officer,</u> <u>member, manager,</u> <u>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 1½% 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