

Credit Application and Agreement
Phillips Abita Lumber Co., Inc.

**P.O. Box 190
21459 Hwy. 36
Abita Springs, LA 70420**

Phone No.: 985-892-6530

Fax: 985-893-3028

A. APPLICANT

Legal Business Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Person to contact about the account: _____

SHIP TO ADDRESS: _____

Estimated Annual Sales: _____ Person to contact about the account: _____

Amount of Credit Requested: \$ _____ Type of Business: _____

How Long in Business: _____ Purchase Order Required: Yes No

B. BUSINESS INFORMATION

Sole Proprietorship _____ SS# _____ Driver's License # _____ DOB _____

Partnership Partner _____ SS# _____ Driver's License # _____ DOB _____

Partner _____ SS# _____ Driver's License # _____ DOB _____

Corporation LLC

President/Member _____ SS# _____ Driver's License # _____

Vice-President/Member _____ SS# _____ Driver's License # _____

Secretary/Member _____ SS# _____ Driver's License # _____

Treasurer/Member _____ SS# _____ Driver's License # _____

FEDERAL TAX NO. _____

Sales Tax Exemption Certificate: () YES (If yes, please attach a copy) () NO

C. BANKING INFORMATION

Bank _____ Branch _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Officer Contact _____ Acct. No. _____ Type of Acct. _____

Acct. No. _____ Type of Acct _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

Signature

CREDIT REFERENCES

| | | | | | |
|------------------|------------------|--------------------|-------------------|--|--------------------|
| Name of Supplier | Type of Business | Credit Limit \$ | Date Acct. Opened | Account Avg. \$ | Account High \$ |
| Address | Contact Name | Avg. Days Pay | Terms | Rating: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |
| Telephone No. | Fax No. | Comments | | | |

| | | | | | |
|------------------|------------------|--------------------|-------------------|--|--------------------|
| Name of Supplier | Type of Business | Credit Limit \$ | Date Acct. Opened | Account Avg. \$ | Account High \$ |
| Address | Contact Name | Avg. Days Pay | Terms | Rating: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |
| Telephone No. | Fax No. | Comments | | | |

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|------------------|------------------|--------------------|-------------------|--|--------------------|
| Name of Supplier | Type of Business | Credit Limit \$ | Date Acct. Opened | Account Avg. \$ | Account High \$ |
| Address | Contact Name | Avg. Days Pay | Terms | Rating: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |
| Telephone No. | Fax No. | Comments | | | |

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize PHILLIPS ABITA LUMBER COMPANY, INC. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Statements are rendered as of the (1st and 15th of each month). C.O.D. restrictions may be placed on any past due account.

CREDIT TERMS: All invoices are due (10th and 25th of each month). A service charge of one and one half percent (1-1/2% per month), or (18% per annum) or the highest legal rate, which ever is less may be assessed on delinquent invoices.

VENUE: All amounts due for purchases from PHILLIPS ABITA LUMBER COMPANY, INC. are payable at 21459 Hwy. 36, Abita Springs. It is further agreed that this agreement is entered into in the state of LOUISIANA and is governed by the laws of the state of Louisiana, applicant agrees to subject itself to the jurisdiction of the 22nd Juridical District Court, St. Tammany Parish for any and all legal actions.

CHANGE OF OWNERSHIP: I/We understand that we must notify Phillips Abita Lumber Company, Inc. in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH THE ABOVE TERMS:

NAME _____

By: _____ Title _____

By: _____ Title _____

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed in the credit evaluation process.

Signed Name

Printed Name

DATE: _____

PERSONAL GUARANTY

I, the undersigned, do personally guarantee payment to **PHILLIPS ABITA LUMBER CO., INC.**, hereinafter called the Vendor, for previous, present and future material duly charged to the business or individuals listed on this application, hereinafter called the Customer, regardless of whether that Customer is now or hereafter becomes a sole Proprietorship, Partnership, Corporation, or other type of entity. The liability of said Guarantor shall not be for his virile share but for the entire obligation. The materials for which the undersigned Guarantor hereby personally guarantees payment shall include materials orders placed by an officer, employee or agent of the Customer. I also agree to pay all costs incurred by the creditor collection efforts, including reasonable attorney's fees in the event of default of payment by the Customer or the Guarantor at an interest rate of 1.5% per month. This guarantee shall remain in effect until revoked by the Guarantor by written notification by certified mail to the Vendor. The application and guaranty are subject to approval by the vendor.

I also authorize all credit reporting agencies and trade references to provide PHILLIPS ABITA LUMBER CO., INC. with any and all information regarding credit history. This information will be used for the purpose of evaluating the credit application. When credit is accorded the undersigned agrees to pay all invoices according to the following terms:

**BILLING ON 1st & 15th OF EACH MONTH
FULL PAYMENT DUE ON RECEIPT OF STATEMENT.**

Past due amounts are subject to a late payment penalty charge at the rate of 1-1/2% per month, commencing from the date they are due and payable and continuing the date payment is made.

********We must have this original with your signature on file in our office before your account can be officially opened and you can charge merchandise.***

“Your signature MUST BE SIGNED IN blue ink:”

Date: _____ Guarantor Signature _____

WE EXPECT OUR MONTHLY CREDIT REQUIREMENTS TO BE APPROXIMATELY \$ _____

Guarantor Name _____ Legal description of property where construction is located:
(Please Print)

Address _____ LOT _____ SQUARE _____

Witness _____

RURAL PROPERTY _____

WITNESS: _____
signature

Financial Institution Information:

_____ printed name

NAME _____

_____ date

ADDRESS _____

TELEPHONE NO. _____

LOAN OFFICER _____

Phillips Abita Lumber Co., Inc.

DEAR CUSTOMER:

To ensure security on your account at **Phillips Abita Lumber**, please fill out the lines below as to who is authorized to make purchases on your account. This information will be entered into our computer system.

ACCOUNTS RECEIVABLE:

Please Print _____

Please Print _____

Please Print _____

Please Print _____

Please Print _____

Please Print _____

Please Print _____

Please Print _____

Would you like your statements e-mailed instead of being sent regular mail?

Yes _____ E-mail address: _____

No _____

Sorry, but we **CANNOT** mail them both ways.