



Trevdan Building Supply
 1031 Pottstown Pike, P.O. Box 28
 Chester Springs, PA 19425
 P (610) 458-8500 / F (610) 458-7038

Company Name/Address

| | | | |
|-------------------|--------|-----------------------------|------------------|
| Name of Business: | | Amount of Credit Requested: | |
| Address: | | | Tax I.D. Number: |
| City: | State: | ZIP: | Phone: |

Company Information

| | | | |
|--|--------|--------------------------------------|---|
| Type of Business: | | In Business Since: | |
| Legal Form Under Which Business Operates: | | | |
| Corporation <input type="checkbox"/> | | Partnership <input type="checkbox"/> | Proprietorship <input type="checkbox"/> |
| If Division/Subsidiary, Name of Parent Company: | | In Business Since: | |
| Name of Owner/President: | | Title: | |
| Address (If different than above): | Phone: | Email: | |
| Name of Secondary Company Contact (Principal/Officer): | | Title: | |
| Address (If different than above): | Phone: | Email: | |

Open Credit with: Drywall/Building Materials Division Doors Division Both

Billing Information

| | | | |
|---|--------------|------------|------------|
| A/P Contact: | A/P Phone #: | A/P Fax #: | A/P Email: |
| Invoice Billing Address (if different than above): | | | |
| How would you like to receive your Invoices ? (You may choose more than one delivery method. Delivery will be processed to A/P info provided above. If you would like a copy of the invoice to go to an additional contact, complete space provided) | | | |
| <input type="checkbox"/> Mail Paper Copy <input type="checkbox"/> Fax _____ <input type="checkbox"/> Email _____ | | | |
| How would you like to receive your Statements ? (You may choose more than one delivery method. Delivery will be processed to A/P info provided above. If you would like a copy of the invoice to go to an additional contact, complete space provided) | | | |
| <input type="checkbox"/> Mail Paper Copy <input type="checkbox"/> Fax _____ <input type="checkbox"/> Email _____ | | | |

Bank References

| | | | |
|---------------------|--------------------|-------------------|---------------|
| Institution Name: | Institution Name: | Institution Name: | |
| Checking Account #: | Savings Account #: | HEL/LOC #: | Loan Balance: |
| Address: | Address: | Address: | |
| Phone: | Phone: | Phone: | |

INTERNAL USE ONLY

| | | | |
|-------------------------|--------------|----------------|------------------|
| Managers Sign/Initials: | Date Opened: | Yard/Location: | Credit Extended: |
|-------------------------|--------------|----------------|------------------|

Trade References

| | | |
|-----------------------|-----------------------|-----------------------|
| Company: | Company: | Company: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Fax: | Fax: | Fax: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

Financial Information

| | | |
|---|----------------------------|--------------------|
| Company Total Assets: | Company Total Liabilities: | Annual Net Income: |
| Have you or your officers or affiliates ever filed a petition in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is your company subject to any litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, explain: | | |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

I have read the Terms and Conditions stated below and agree to all of those Terms and Conditions.

Signature

Date

Printed Name

Title

TERMS AND CONDITIONS

1% DISCOUNT (MERCHANDISE AMOUNT ONLY) FOR INVOICES PAID IN 10 DAYS FROM DATE OF INVOICE - NET 30

All payments are due in accordance with the terms of sale. In the event the Purchaser fails to make payment when due, Purchaser shall pay a finance charge on the unpaid balance at the monthly periodic rate of 1.5%, which equates to an annual percentage rate of 18%. Should it become necessary to place an account for collection, the buyer shall be liable for all costs incurred; including all attorney's fees associated with the collection. Purchaser further agrees to pay a \$25 dollar service charge each time a check is returned for any reason.

PERSONAL GUARANTEE

In consideration of your complying with My (our) requests hereby made to you to sell your goods in accordance with your terms, to the company named, in this application, hereinafter called the purchaser. I, the undersigned, or We, and each of us jointly and severally agree to and hereby become surety to you for the payment of such sum or sums of money as may now be due, or may at any time hereafter become due to you from the purchaser. I (we) further agree that my (our) liability under this instrument in all cases shall be construed as one of surety and that all notices statutory or otherwise, required to be given to me (us) are expressly waived.

Sign/Date

Spouse - Sign/Date

Print Name

Print Name