

Valley Lumber--Rifle 2495 Railroad Ave P.O. Box 1387 Rifle, CO 81650 (970) 625-9663 (F) (970)625-3024

	V.1-2003
for office	use only
account#	mast:
approved by: credit limit:	_sales#
track date:	

Confidential Credit Application and Agreement

Business Name:	Telephone:	Fax:
Applicant Name:		Fax:
Street Address:	Email:	
City, State, Zip:		
Soc. Sec. No./Fed Tax ID No.:	Application D	ate:
Structure of Applicant: C-Corporation () S-Corporation () Pa	artnership () Individual Acct. () Othe	er ()
Have you ever applied for credit at any other Valley Lumber locati	on? yes() no() if yes under wha	at name?
nformation on Officers, Partners, Owners, Individ	luals:	
1) Name:	Title:	
Address:		No.:
		one
2) Name:		
Address:		No.:
		one
Credit Card Information		
Credit Card Mo.:	Exp.Date:	MC() Visa()
ssuing Bank:		
Cardholder signature:		
Bank and Supplier References:	Officer/	
Primary Bank:		
Address:	Account No.:	
1) Supplie <u>r:</u>	Contact & Tele:	
Address:		Balance:
2) Supplie <u>r:</u>		
Address:		

Terms of Sale: Valley Lumber may extend you credit under the following terms, to which you agree. Applicant shall pay for all goods and materials sold on account when due. Accounts are due and payable on or before the 10th of the month following month of invoice. Valley Lumber may exercise its discretion in applying payment to the balance on account unless you designate otherwise in writing at the time of payment. All accounts past due are subject to suspension, the account put on a COD basis, and finance charge of 2.0% per month (24% per year) added to the unpaid balance. Amounts past due may be liened. Applicant agrees to pay all cost incurred to collect amounts due, including reasonable attorney fees and court costs. Applicants may be asked to execute a Personal Guarantee covering materials purchased on credit. A credit bureau report will be run to acquire credit rating of applicant(s).

Signature Title Date

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PERSONAL GUARANTEE

	ompany, LLC. to sell and deliver goods and merchandise to (Debtor) on a credit basis, the Undersigned Guarantor(s) do
hereby jointly and severally, uncondition	nally promise and guarantee the payment of any sum or balance, that may ed for on account of said Debtor, to Valley Lumber, it's successors or
extension of time granted, any settleme	y and all legal right and defense that may accrue by reason of any ent made by note or agreement, the taking or release of any security, the of any statutes of limitation, or cessation of Debtor's business.
guarantee covering all purchased mate collection expenses incurred by Valley	nitations as to duration of time or amount and shall be a continuing vials, interest on any unpaid balance at 24% per year, and all reasonable Lumber, UNLESS revoked by Guarantor(s) in writing to Valley Lumber, btedness contracted for after the date of such revocation.
Guarantors agree to reimburse Valley L which may be incurred in the collection	Lumber for all costs of collection, including reasonable attorney's fees, or enforcement of this Guarantee.
	or(s) hereunder shall be released, reduced, compromised or otherwise ompromise entered into by Valley Lumber with any other Guarantor(s) or ations of Debtor.
	LLY READ THIS PERSONAL GUARANTEE, FULLY UNDERSTAND THE GUARANTEE THIS DAY OF, 20
Name (printed)	(signed)
Social Security #	Address:
Name (printed)	(signed)
Social Security #	Address:
, known to me to	, 20, before me, a Notary Public for the Sate of be the person(s) whose name(s) is (are) subscribed to the foregoing Personal
Guarantee and acknowledged to me that sa	aid person(s) executed the same.
Notary Public	My term expires
	REDIT PURCHASES s or Employees are authorized to make credit purchases on behalf of, and are so authorized until Valley Lumber is notified in writing to the contrary.
Name (printed)	(signed)

Name (printed) ______ (signed) _____

AUTHORIZATION APPROVED BY:



We have the capability to deliver your monthly statement via e-mail or electronic fax. This will allow you to have your statement on the first business day following the 25th of each month, our billing cut-off date. If you need back-up signed copies of invoices please indicate that, as well as how many invoice copies on each 8-1/2: x 11" page you would like: one, two, or four. Please indicate below what your preference is for receiving your statement. If you have any questions please do not hesitate to call your salesman, the store manager, or the bookkeeping department at the location where you conduct business. Thank You, Valley Lumber

Please e-mail my statement with copies of signed invoices to:
e-mail address:
Please e-mail my statement, without copies of invoices to:
e-mail address:
Please fax my statement with copies of signed invoices to:
Fax number:
Maximum invoice copies per page:1,2,4
Please fax my statement <u>without</u> copies of invoices to:
Fax number:
Please mail my statement <u>without</u> copies of invoices to the mailing address on file.
Account Name:
Account Number:
Signature & Title:

***Please remember to update our records on any account contact changes to avoid service charges.

BASALT P.O. Box 1579 Basalt, CO 81621 970-927-3146 (f) 970-927-3706 RIFLE P.O. Box 1387 Rifle, CO 81650 970-625-9663 (f) 970-625-3024