



Valley Lumber
 55 Sunset Drive
 P.O. Box 1579
 Basalt, CO 81621
 (970) 927-3146 (F) (970)927-3706

for office use only	
account# _____	mast: _____
approved by: _____	sales# _____
credit limit: _____	
track date: _____	

Confidential Credit Application and Agreement

Business Name: _____ Telephone: _____ Fax: _____

Applicant Name: _____ Telephone: _____ Fax: _____

Street Address: _____ Email: _____

City, State, Zip: _____ Cell Phone: _____

Soc. Sec. No./Fed Tax ID No.: _____ Application Date: _____

Structure of Applicant: C-Corporation () S-Corporation () Partnership () Individual Acct. () Other () _____

Have you ever applied for credit at any other Valley Lumber location? yes(____) no(____) if yes under what name? _____

Information on Officers, Partners, Owners, Individuals:

1) Name: _____ Title: _____

Address: _____ Soc. Sec. No.: _____

Home Telephone _____

2) Name: _____ Title: _____

Address: _____ Soc. Sec. No.: _____

Home Telephone _____

Credit Card Information

Credit Card No.: _____ Exp.Date: _____ MC () Visa ()

Issuing Bank: _____ Name as it appears on Card: _____

Cardholder signature: _____ Credit Limit: _____

Bank and Supplier References:

Primary Bank: _____ Officer/Contact/Tele: _____

Address: _____ Account No.: _____

1) Supplier: _____ Contact & Tele: _____

Address: _____ Credit Limit _____ Balance: _____

2) Supplier: _____ Contact & Tele: _____

Address: _____ Credit Limit _____ Balance: _____

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

Valley Lumber
55 Sunset Drive
P.O. Box 1579
Basalt, CO 81621
Telephone (970) 927-3146
Confidential Credit Application

PERSONAL GUARANTEE

As an inducement for Valley Lumber Company, LLC. to sell and deliver goods and merchandise to _____ (Debtor) on a credit basis, the Undersigned Guarantor(s) do hereby jointly and severally, unconditionally promise and guarantee the payment of any sum or balance, that may now exist or hereafter may be contracted for on account of said Debtor, to Valley Lumber, it's successors or assigns.

Each Guarantor does hereby waive any and all legal right and defense that may accrue by reason of any extension of time granted, any settlement made by note or agreement, the taking or release of any security, the bankruptcy of any party, the expiration of any statutes of limitation, or cessation of Debtor's business.

This Guarantee is made without any limitations as to duration of time or amount and shall be a continuing guarantee covering all purchased materials, interest on any unpaid balance at 24% per year, and all reasonable collection expenses incurred by Valley Lumber, UNLESS revoked by Guarantor(s) in writing to Valley Lumber, which revocation will only apply to indebtedness contracted for after the date of such revocation.

Guarantors agree to reimburse Valley Lumber for all costs of collection, including reasonable attorney's fees, which may be incurred in the collection or enforcement of this Guarantee.

No liability or obligation of any Guarantor(s) hereunder shall be released, reduced, compromised or otherwise affected by any release, reduction, or compromise entered into by Valley Lumber with any other Guarantor(s) or any other party guaranteeing the obligations of Debtor.

THE UNDERSIGNED HAVE CAREFULLY READ THIS PERSONAL GUARANTEE, FULLY UNDERSTAND THE TERMS, AND HAVE EXECUTED THE GUARANTEE THIS _____ DAY OF _____, 20_____.

Name (printed) _____ (signed) _____

Social Security # _____ Address: _____

Name (printed) _____ (signed) _____

Social Security # _____ Address: _____

State of _____

County of _____

On this _____ day of _____, 20____, before me, a Notary Public for the Sate of _____, known to me to be the person(s) whose name(s) is (are) subscribed to the foregoing Personal Guarantee and acknowledged to me that said person(s) executed the same.

Notary Public _____ My term expires _____

INDIVIDUALS AUTHORIZED TO MAKE CREDIT PURCHASES

The following Officers, Partners, Individuals 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) _____

Name (printed) _____ (signed) _____

Name (printed) _____ (signed) _____

AUTHORIZATION APPROVED BY:

Name (printed) _____ (signed) _____



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: _____

Maximum invoice copies per page: _____ 1, _____ 2, _____ 4

_____ 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 **without** copies of invoices to:

Fax number: _____

_____ Please mail my statement **without** 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

GYPSUM
P.O. Box 327
Gypsum, CO 81637
970-524-7400
(f) 970-524-7416