



QUALITY HARDWOODS

CREDIT APPLICATION

Legal Business Name _____

Billing Address _____

Shipping Address _____
(If Different)

Phone (____) _____ Fax (____) _____

Corporation____ Partnership____ Proprietorship____ Other____

Tax Exempt Yes____ No____ (If exempt, attach signed copy of sales exemption certificate)

Contractors State License # _____ # Years In Business _____

How promptly do you pay your suppliers? Discount ___ 30 Days ___ 60 Days ___ 90 Days ___

Trade References

Name _____ Phone(____) _____ Fax(____) _____

Name _____ Phone(____) _____ Fax(____) _____

Name _____ Phone(____) _____ Fax(____) _____

Names of Officers, Owners and Partners SS# Residential Address

The above information is being furnished for the purpose of allowing Moore-Newton Quality Hardwoods Corp. to assess and/or continue to assess credit solely for business purposes of the applicant. The applicant hereby represents and warrants that the information contained herein, or submitted in connection with herewith, is true and complete as of the date hereof. The applicant hereby authorizes Moore-Newton Quality Hardwoods Corp. to contact and investigate the references, including banks, listed above, and hereby authorizes the references to release the requested information. Applicant hereby agrees to remit payment within the terms specified on each invoice. If payment is not received when due, the applicant hereby agrees to pay a monthly service charges equal to one and one half percent (1-1½%) or the maximum amount allowable under applicable state law, of the unpaid delinquent balance until the account is paid in full. If the account is placed for collection, the applicant agrees to pay all costs and expenses of collection, including attorney's fees and expenses.

Name (Please Print) Authorized Officer's / Owner's Signature *Required* Title Date
