

**KINGSBORO LUMBER COMPANY
PO BOX 108
GLOVERSVILLE, NY 12078**

TEL: (518)773-7939 FAX: (518) 725-2940 EMAIL: info@kingsborolumber.com

CREDIT APPLICATION AND AGREEMENT

BUSINESS CONTACT INFORMATION

Business Name:

Customer Name:

Phone:	Fax:	E-mail:
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Billing Address:

City:	State:	ZIP Code:
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Cell Phone:	Work:	Date of Birth:	SS #
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BUSINESS AND CREDIT INFORMATION

Delivery Address:

City:	State:	ZIP Code:
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Telephone:	Fax:	E-mail:
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Bank name:

Bank address:	Phone:
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City:	State:	ZIP Code:
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Type of account	Account number
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Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Authorized Purchasers:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. All Past due balances will incur a 2% Fee.
2. I Personally Guaranty Payment of all indebtedness incurred by the applicants with Kingsboro Lumber Co.
3. By submitting this application, I/we authorize Kingsboro Lumber to make whatever inquiries deemed necessary in connection with this credit application, or in the course of review of an active account, or in the event of collection procedures. Kingsboro Lumber Co. is also authorized to release credit information for credit reporting purposes. In addition I/we give permission to all references listed on this application to release information to Kingsboro Lumber Co.

SIGNATURES

Title:
Date:

Title:
Date:

