

 <b>THE MENTOR LUMBER &amp; SUPPLY COMPANIES</b> 7180 N. Center St., Mentor, OH 44060		
<input checked="" type="checkbox"/> MENTOR WHOLESALE	<input type="checkbox"/> CHARDON LUMBER	<input type="checkbox"/> MENTOR INSTALLED SERVICES

# Business Credit Application

SALESMAN: \_\_\_\_\_

PURCHASE ESTIMATES (Filled in by Salesman):

LUMBER	_____	TRIM	_____
WINDOWS/DOORS	_____	OTHER	_____
CABINETS	_____		

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address (If different from billing address): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Proprietorship   
  Partnership   
  Corporation - Date Inc. \_\_\_/\_\_\_/\_\_\_   
 Federal I.D. #: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years In Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Purchase Orders Required? Y \_\_\_ N \_\_\_    Account Payable Contact: \_\_\_\_\_

Sales Tax Exempt? Y \_\_\_ N \_\_\_ (If tax exempt, attach certificate.)    Amount of Credit Desired? \_\_\_\_\_

	<u>Name/Title</u>	<u>Social Security No.</u>	<u>Home Address</u>
President's Name:	_____	_____	_____

Vice Pres. \_\_\_\_\_

Sec'y./Controller \_\_\_\_\_

Please list account authorized purchasers below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List Trade References — Must include phone no.:

	<u>Account No.</u>	<u>Phone No.</u>	<u>Fax No.</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## AGREEMENT AND TERMS:

STATEMENT: For the purpose of securing the extension of credit from Mentor Lumber & Supply Companies and/or any of its subsidiaries or affiliated companies, the undersigned represents and warrants that the statements made and information contained herein, and in the financial statement, if any, submitted herewith, are complete, correct, and true, with the intent that strict reliance be placed thereon as the basis for the extension and continuation of credit accommodations to the undersigned.

STATEMENT: The undersigned further agrees that notwithstanding the fact that this application has been executed in a corporate or representative capacity. Each signer hereof by such signature hereby assumes personal and individual responsibility for payment to Mentor Lumber & Supply Companies and/or any of its subsidiaries or affiliated companies, of all amounts due pursuant to such extension of credit, according to the invoice amount and credit terms stated thereon, said personal and individual responsibility being given in consideration of the extension of credit by Mentor Lumber & Supply Companies to the applicant. In the event of a default in the payment of any sums due from the applicant to Mentor Lumber & Supply Companies or any of its subsidiaries or affiliated companies, and notwithstanding the fact that this application has been executed in a corporate or representative capacity, each signer hereof by such signature hereby personally guarantees payment to Mentor Lumber & Supply Companies or any of its subsidiaries or affiliated companies at Mentor, Ohio all present and future balances of account due from said applicant, and further agrees to be responsible for any costs incurred in connection with any proceedings for the collection thereof. Applicant and any signer hereof notwithstanding the fact that this application has been executed in a corporate or representative capacity hereby agrees to pay the full amount of said purchases within terms. Purchase of material will indicate the acceptance of the terms and conditions that will be outlined in the credit establishment letter from the Manager of Financial Services. It is further agreed that the terms hereof shall take effect immediately upon the execution hereof and the extension of any credit to applicant. Also, I understand that a faxed application and its' signature is acceptable and considered as an original document.

STATEMENT: The undersigned further authorizes Mentor Lumber & Supply Companies to obtain credit reports both with respect to the applying entity or business and with respect to the undersigned personally and individually. The undersigned acknowledges that such credit reports may be considered consumer reports for purposes of the Fair Credit Reporting Act 15 U.S.C. § 1681 *et seq.*, and that in making the determination of whether or not grant credit to the undersigned, Mentor Lumber & Supply Companies may rely upon the information contained in such credit reports. For a summary of consumer rights under the Fair Credit Report Act, please see 16 CFR Pt. 601 of App. A.

STATEMENT: A 2% per month service charge will be charged on all past due accounts.

STATEMENT: Purchases and/or deliveries are herewith authorized to be made without signature.

STATEMENT: I understand that this is a commercial account, either for business or governmental use, and that no charges will be made against such account for personal family, agricultural, or residential purposes, and that any such charges for personal family, agricultural or residential purposes will only be made by advising the Mentor Lumber & Supply Companies beforehand.

Signature: X \_\_\_\_\_ Signature: X \_\_\_\_\_

Print Name & Date: \_\_\_\_\_ Print Name & Date: \_\_\_\_\_

Please Turn This Application Over and Complete Back Section. Thank you.

### CONSTRUCTION LOAN INFORMATION:

NAME OF BANK: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Bank Address (include City, ST & Zip): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

JOBBSITE Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Loan Approved & Closed? \_\_\_\_\_

Is House Sold? \_\_\_\_\_ Owners/Buyers Name: \_\_\_\_\_

Owners/Buyers Address: \_\_\_\_\_

### BANKING INFORMATION: (IN THIS SECTION, PLEASE FILL IN THE "X" AREAS ONLY. BANK WILL COMPLETE THE REST.)

Banking account's listed below are in the Name of: **X** \_\_\_\_\_

To Whom It May Concern:  
Please Furnish the Mentor Lumber & Supply Companies with information on my accounts listed. With my signature, I hereby authorize you to furnish the information below:

**X** \_\_\_\_\_  
APPLICANT'S SIGNATURE

**X** \_\_\_\_\_  
APPLICANT'S SIGNATURE

The following information is furnished in strict confidence in response to request. The accuracy of this information is not guaranteed.

Type of Account — Please circle (far left column) one: C - Checking; S - Savings; N - Now Account						
	Account Number	Name of Bank	Bank Telephone No.	Date Opened	Average Balance Previous Two Months	Current Balance
C S N	<b>X</b>	<b>X</b>	<b>X</b>			
C S N	<b>X</b>	<b>X</b>	<b>X</b>			

Does account have a non-sufficient fund history?  YES  NO If yes, when, how many and amount owed? \_\_\_\_\_

Does account have overdraft privileges?  YES  NO If yes, what is the overdraft limit? \$ \_\_\_\_\_

Does applicant have other loans outstanding?  YES  NO If yes, amount owing: \$ \_\_\_\_\_

TERMS: \_\_\_\_\_  SECURED  UNSECURED

HIGH CREDIT: \$ \_\_\_\_\_ MANNER OF PAYMENT: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED:	DATE PROCESSED:
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