

CONTRACTOR / COMMERCIAL APPLICATION FOR CREDIT AND AGREEMENT FOR CREDIT TERMS

ALL ITEMS MUST BE COMPLETED TO BE CONSIDERED

INK SIGNATURE ALSO REQUIRED ON REVERSE SIDE

KILLINGLY BUILDING PRODUCTS CO., INC.

49 PUTNAM PIKE • P.O. BOX 775
 DAYVILLE, CONNECTICUT 06241
 Phone (860) 774-9621 • 1-800-545-5464
 Fax (860) 774-8469

ACOUSTICAL BUILDING SUPPLIES

11 RICOM WAY
 PROVIDENCE, RI 02909
 Phone (401) 946-1110
 FAX (401) 944-7420

EXACT NAME OF FIRM					CHECK ONE: <input type="checkbox"/> RENT <input checked="" type="checkbox"/> α <input type="checkbox"/> OWN	
PHONE	FAX	TYPE OF ORGANIZATION: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (EXPLAIN)				
BILLING ADDRESS:	STREET	CITY	STATE	ZIP	HOW LONG	
LOCATION IF DIFFERENT:	STREET	CITY	STATE	ZIP	HOW LONG	
FORMER ADDRESS: (IF LESS THAN TWO YEARS)	STREET	CITY	STATE	ZIP	HOW LONG	
HOW LONG IN BUSINESS?	DO YOU REQUIRE PURCHASE ORDERS?	DO YOU REQUIRE AN AUTHORIZED PURCHASER LIST? IF YES, PLEASE ATTACH			CREDIT LIMIT REQUESTED	

NAMES AND TITLES OF OWNER(S), OFFICER(S), INCLUDING HOME ADDRESS(ES), PHONE NUMBER(S), AND SOCIAL SECURITY NUMBER(S).

NAME	TITLE	HOME ADDRESS	PHONE
			SOCIAL SECURITY #
NAME	TITLE	HOME ADDRESS	PHONE
			SOCIAL SECURITY #
NAME	TITLE	HOME ADDRESS	PHONE
			SOCIAL SECURITY #
ACCOUNTS PAYABLE CONTACT		EMAIL ADDRESS	PHONE
BANK REFERENCE		ADDRESS	CHECKING ACCOUNT #

CURRENT SUPPLIER REFERENCES - AT LEAST THREE, PLEASE USE SUPPLIERS YOU HAVE PURCHASED FROM IN THE LAST TWO YEARS

NAME	PHONE
ADDRESS	FAX
NAME	PHONE
ADDRESS	FAX
NAME	PHONE
ADDRESS	FAX
NAME	PHONE
ADDRESS	FAX

In consideration of our extending credit to the applicant, the undersigned hereby unconditionally guarantees the timely payment to us of all sums, even if in excess of the applied for or established credit limit now due or which may hereafter become due and payable by virtue of our extension of credit to the applicant, including, with out limiting the generality of the foregoing, legal and other costs of attempts to collect said sums from Customer and the undersigned, and lawful interest on said sum.

I AGREE TO PAY MY ACCOUNT IN FULL **25 DAYS FROM BILLING DATE**. INTEREST WILL BE CHARGED ON 25 DAY-DELINQUENT ACCOUNTS AT A RATE OF **1-1/2% PER MONTH, 18% ANNUM** WITH A MINIMUM CHARGE OF 50 CENTS.

I/WE UNDERSTAND AND AGREE TO ADHERE TO YOUR CREDIT TERMS. I AM AUTHORIZED TO SIGN THIS AGREEMENT AS AN OFFICER OF THE ABOVE-NAMED CORPORATION. I/WE HEREBY AUTHORIZE YOU TO OBTAIN CREDIT INFORMATION FROM ALL NECESSARY SOURCES FOR AN ACCURATE CREDIT INVESTIGATION OF MY/OUR CREDIT HISTORY.

SIGNATURE _____ DATE _____

PRINT NAME _____

SIGNATURE _____ DATE _____

PRINT NAME _____

IMPORTANT - SEE REVERSE SIDE, SIGNATURE REQUIRED

IF APPROVED, CREDIT LINE WILL BE FOR BOTH COMPANIES

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PROVIDENCE, RHODE ISLAND 02909
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NAME OF FIRM ON FRONT OF APPLICATION: _____

GUARANTEE

In consideration of your extending credit to the applicant above and on the reverse side hereof, the undersigned hereby unconditionally guarantees the timely payment to you of all sums, even if in excess of the applied for or established credit limit now due or which may hereafter become due and payable by virtue of your extension of credit to the applicant, including, without limiting the generality of the foregoing, legal and other costs of attempts to collect said sums from Customer and, the undersigned, and lawful interest on said sum.

Balance in full is due net 25 days from the date that appears on the statement. Interest rate of 1.5% will be applied to all delinquent balances with a 50 cent minimum finance charge. (18% per annum)

The liability of the undersigned shall be primary, and if more than one person or entity sign this agreement, shall be joint and several, and shall not be affected by any discharge, extension of time, release, of security, acceptance of compromise or any other modification of the liability of the Customer, and shall not be dependent upon recourse to any remedies against the Customer, except that the undersigned shall receive credit for any sum received on Customer's account. The undersigned hereby waives any notice of the time and amount of extension of credit to the Customer, as well as right of set-off, redemption and counterclaim which may be alleged to exist in favor of Customer.

This agreement is intended to cover a running account or accounts by the Customer and will remain in full force and effect until 14 days after withdrawn in writing sent by registered mail, return receipt requested and received at the above address. Such withdrawals shall be effective prospectively only, and this agreement shall remain in full force and effect with respect to all sums of money that are due and that become due from Customer upon his default. The incorporation, merger, reorganization or sale of Customer's business shall not operate as termination of this guaranty. The undersigned hereby agrees to pay any and all of said sums, together with all legal and other cost including attorney's fees of enforcing the agreement contained herein both as against the Customer and the undersigned.

This agreement is a contract and shall be interpreted under the laws of the appropriate state and shall be effective immediately. This agreement is binding upon the undersigned, his administrators, executors, heirs and assigns.

DATE

INDIVIDUALLY AS GUARANTOR

PRINT NAME

DATE

INDIVIDUALLY AS GUARANTOR

PRINT NAME

OFFICE USE ONLY:					
DATE	TAKEN BY	APPROVED BY	ASSIGNED SALESMAN	TERMS	LIMIT
		DATE APPROVED			