

KINGSTON LUMBER SUPPLY COMPANY

P.O. Box 169
Kingston, Washington, 98346
(360) 297-3600 or (206) 842-0104
Administration FAX: (360) 297-8391

CONTRACTOR OR COMMERCIAL APPLICATION FOR CREDIT

PLEASE COMPLETE AND SIGN THIS APPLICATION. THE INFORMATION YOU PROVIDE WILL GREATLY FACILITATE A DECISION REGARDING YOUR REQUEST FOR A CREDIT ACCOUNT.

Full Legal Name of Business: _____
Type of Company : Sole Proprietorship Partnership Limited Liability Company Corporation
Federal Tax ID# _____ **UBI#** _____ **Years in Business** _____
Street Address: _____
City _____ **State** _____ **Zip Code** _____
Home Telephone _____ **Business Telephone** _____ **Fax** _____
Mailing Address _____
Previous Business/Mailing Address if at above less than one year _____
Previous Business or Trade Names(s) used _____
When Used and Where _____

Principals' Names, Titles and Addresses (*All partners in a business, members of LLC, officers, directors and shareholders in a corporation. Please use additional paper if necessary.*)

Name and Address	Title	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State Sales Tax No: _____ **Will we bill you sales tax?** _____
If no, please include a copy of your Washington State Reseller Permit.
Are you currently a licensed, registered and bonded contractor? _____
Contractor's Registration and License No. _____
State of _____ **Date of Issue** _____
Your Bonding Company _____
Name and Address of Bonding Agent _____
Amount of Bond \$ _____ **Date of Issue** _____
Own your own home? _____ **Rent?** _____ **How Long?** _____

List all banks you are doing business with (*Bank name, branch, account number, and loan amount*)

Major Obligations (*amount and to whom owed*) _____
How will materials be paid for? Cash Check Bank Loan _____

Please provide 5 local trade or business references and fax numbers:

Name	Complete Address - Telephone - Fax
Name	Complete Address - Telephone - Fax
Name	Complete Address - Telephone - Fax
Name	Complete Address - Telephone - Fax
Name	Complete Address - Telephone - Fax

Are there any claims against your Bond? Yes No

Are you or your company involved in a lawsuit? Yes No

If yes, what is the Court and Case Number? _____

Have you or your company ever been in bankruptcy? Yes No

If yes, what year & circumstances? _____

Type of Business you operate Spec Builder Custom Builder Remodel Builder Consultant
 General Business Other: _____

Maximum amount of credit anticipated per month \$ _____

Reason for account General Hardware Remodeling New Construction
 Commercial Construction Other: _____

TERMS OF THIS ACCOUNT

- 1) All sales will be C.O.D. until credit application is approved. The undersigned applicant hereby agrees that purchases (labor/materials/rentals) are payable on this account in full on or before the 10th day of each month following the date/month of purchases. Accounts may be paid by check or cash. Bankcard and debit cards are not an acceptable form of payment. Applicant agrees to pay for invoices when due, or the account shall accrue interest as set forth below. Applicant agrees that materials returned and claims must be accompanied by the original invoice and submitted within thirty (30) days of purchase. There will be a minimum of a ten percent (10%) restocking charge on all returned lumber yard items. *There will be no returns, refunds, or credits for special order items.* If this account is not paid in full on the 10th day of each month for all charges made during the prior month, applicant agrees that KINGSTON LUMBER SUPPLY COMPANY (hereinafter referred to as "KLS") may at its sole discretion and without prior notice to applicant:
 - a) Charge interest at the rate of 1.5% per month and maximum service charges as permitted by law, based on the principal amount of all charges, made subject to a minimum service charge of \$1.00;
 - b) Require all further transactions be on a cash basis, until the account is brought current; or
 - c) Terminate any unfulfilled orders or discontinue any deliveries until all accounts are brought current;
 - d) Declare this account to be in default.
- 2) The undersigned applicant agrees to complete a "Job/Project Description Form" when beginning charges to this account for each single structure or building, to keep KLS fully informed of any and all changes reported on each Job/Project Description Form, and to immediately inform KLS if applicant loses its current contractor registration status.
- 3) In the event this account is declared to be in default by KLS as defined herein, and collection and or legal action is taken by KLS, the undersigned applicant agrees to pay to KLS all attorneys fees and costs whether or not a lawsuit is filed, collection fees, and interest and service charges incurred by

KLS on this account. Applicant agrees that venue of any court action by KLS on this account shall be in Kitsap County, Washington, regardless of applicant's residence or place of business.

- 4) The undersigned applicant agrees that invoices and monthly statements are conclusive and accurate in all respects unless undersigned applicant notifies KLS within ten (10) days of receipt of invoices or statement. Any defects in materials, workmanship, equipment or delivery shall be reported in writing to KLS within seven (7) days of receipt of same or all warranty claims are waived. Customer agrees to accept creditor's employee signature (delivery driver) as proof of delivery and acceptance of materials if no customer representative is available on site. Customer agrees to indemnify, defend and hold KLS harmless from any claim arising out of or related to materials or equipment purchased pursuant to this Agreement.**

- 5) KLS may apply payments at its' sole discretion unless applicant clearly indicates how payments are to be applied. Generally, payments will be applied to the first or earliest charges incurred.**

- 6) If there is any change in applicants' business structure, applicant agrees to give prior written notification to KLS and may have to reapply with KLS. If said change is from sole proprietorship to a corporation or limited liability company, applicant agrees that if KLS is not notified, all terms and guarantees of this agreement shall apply. Applicant cannot transfer or assign this account relationship without creditor's prior written consent.**

- 7) The following persons are authorized to purchase, sign for, and receive materials for my account, and applicant shall immediately inform KLS in writing of any changes: (Please see attached "CHARGE ACCOUNT VERIFICATION" sheet).**

- 8) The undersigned applicant agrees that KLS reserves the right to change the terms of this account at any time, without prior notice to the undersigned.**

- 9) Applicant acknowledges these terms, and that applicant has read, understands and fully agrees to the terms of this account, as the account terms are stated herein as well as any terms and conditions stated on the invoices. Faxed copies of all signatures on this application shall be considered as originals.**

- 10) We reserve the right to check Customer's credit history, directly and through credit reporting agencies, and to report to others our credit experience with any Customer.**

Date: _____

Printed Name

Title

Signature of Owner or Officer (if Corporation)

**PERSONAL GUARANTEE
TWO SIGNATURES REQUIRED IF APPLICANT IS A CORPORATION OR LLC**

In consideration of KLS opening an account and extending all future credit to the company named herein, _____ we, the undersigned, and if more than one, each of them jointly and severally, unconditionally guarantee full payment to KLS, for any and all future charges made on this account, by the company named herein, in any one of the following occurrences, or combination thereof, subject to the provisions of the next paragraph: (a) the company defaults on this account at any future time, and/or (b) the company becomes insolvent or a petition in bankruptcy is filed.

We agree to personally guarantee all the terms of this account, as the account terms are stated herein and consent to any extension or alteration of any obligation and guarantee requested by the company without prior notice. This shall be an open, unlimited and continuing guarantee in effect until the undersigned has notified KLS in writing of its cancellation. The undersigned agree to pay all reasonable attorney's fees, costs and expenses incurred in the enforcement of this guarantee, whether or not suit is filed. The undersigned agree to promptly notify KLS of any change in our address, and we waive presentment, demand, protest, notice of non-payment, discharge of the corporation, and any release or discharge arising from extension of time, or any other cause, other than actual payment in full of any and all future charges made on this account. The signature of guarantor is personal to the signer, any indication of corporate status or title shall be taken as informational only and shall not affect the personal nature of this guarantee. A personal credit report may be processed.

By signing here you are agreeing to be held personally liable for payment of charges incurred.

I personally guarantee payment of this account as set forth above on behalf of my marital community.

Date

Date

Printed Name

Printed Name

Signature

Signature

Address

Address

City, State, Zip

City, State, Zip

Social Security No.

Social Security No.

Washington Driver's License Number

Washington Driver's License Number



Charge Account Verification

Many of our charge account customers have made arrangements with us to allow family members, friends or co-workers to charge materials or services on their accounts. This arrangement is a real convenience for those customers.

Here is how it works. You supply us with a list of people authorized to charge on your account. We enter those names into our computer. When we get a request to charge to your account, our salesperson selects the name of the person requesting to charge from the list of “authorized” names on the computer. The name of that person prints on the invoice next to the signature line giving you a record of who charged to your account. If the person is not on your list of authorized signers, we won’t allow him or her to charge on your account.

If you have people who, from time to time, charge materials or services on your account, please list their names below. We can then be sure that only people you want charging on your account are able to do so. If you have any questions, please call our Accounting Department.

(Please check one)

- The following are the only people authorized to charge on my account:**
- Please Add the following people to the list you currently have on file:**
- Please delete the following people from my Authorization list:**

1)	9)
2)	10)
3)	11)
4)	12)
5)	13)
6)	14)
7)	15)
8)	16)

(If you have additional names of people authorized to charge on your account, please submit them on a second page.)

Account Name: _____	Home Phone: _____
Account Number: _____	Work Phone: _____
Print Name: _____	Cell Phone: _____
Signature: _____	Pager Number: _____
Date: _____	Fax Number: _____



P.O. Box 169
 Kingston, WA 98346
 (360) 297-3600
 (206) 842-0104
 Contractor Sales Fax: (360) 297-4854
 Administrative Fax: (360) 297-8391

JOB/PROJECT DESCRIPTION FORM

As a contractor, you are asked to complete this form for *each building or house* upon which materials will be charged to this account.

Account #: _____ Job #: _____ Salesperson _____

Street Address of Structure: Street: _____
 City: _____ State: _____ Zip: _____

For each structure or lot, please furnish:

CROSS STREET _____

PURCHASE ORDER _____ **LOT #** _____ **PLAN #** _____ **GATE CODE** _____

Legal Property Owner's Name: _____

Owner's Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Who Orders Materials (Contractor's Business Name): _____

Contractor's Address: _____

How will owner pay you for materials charged?

- From a bank loan
- Private loan to owner
- Owner will pay himself
- Other: _____

If owner has a bank or private loan, please furnish:

Name, Address and Branch of Lender: _____

Bank Loan Officer: _____ Telephone: _____

Amount of Loan: _____ Maximum Estimate of loan to be charged this account: _____

First Deliver Date: _____ Invoice/Order Number: _____

Materials Delivered: _____

Office Use Only

License Current in MCR Screen: Yes No Date License Confirmed: _____
 L & I Check: Yes No Checked by (initials): _____
 MCR Screen #5 Updated: Yes No INET _____ Fax _____ E-mail _____