



An A.P. Brashear Group, L.C. Company

“Distributing Success One Relationship at a Time”

Waco: (254)-772-9663(WOOD) Phone (254)-772-9664 Fax

San Antonio: (210)-967-9663(WOOD) Phone (210)-967-9664 Fax

El Paso: (915)-590-9663(WOOD) Phone (915)-590-9664 Fax

Customer Application For Credit

**** THE INFORMATION CONTAINED IN THIS DOCUMENT MAY BE USED TO OBTAIN A CREDIT REPORT FROM A CONSUMER CREDIT REPORTING AGENCY****

Name of Company/Corp: _____

Type Of Company: Sole Proprietor() LLC () Corporation () (Please Check One)

DBA and and/or Trade Name: _____ D&B#: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Principals and/or Owners: REQUIRED- ALL ITEMS IN THIS SECTION MUST BE COMPLETE. A VALID COPY OF A DRIVERS LICENSE MUST BE PRESENTED WITH APPLICATION.

Drivers License #- _____ Social Security # - _____

1. _____ Address: _____

Title: _____ Home Phone #: _____

2. _____ Address: _____

Title: _____ Phone #: _____

Type of Company: Cabinet Mfg. () Flooring Mfg. ()
Moulding Mfg. () Window Mfg. ()
Millwork Mfg. () Distributor ()
Furniture Mfg. () Other () _____

Person to contact regarding financial (payables) questions

1. _____ Title: _____ Phone #- _____

2. _____ Title: _____ Phone #- _____

Credit Line Requested: \$ _____

Are your purchases tax exempt? Yes No (Please provide tax resale certificate)

Financial References:

Bank Name: _____ Account #: _____
Address: _____
Phone Number: _____ Fax Number: _____
Contact Name: _____

Trade References:

(please list references with whom you have a line of credit greater than or equal to, that for which you are requesting)

#1-Company: _____

Street Address: _____

City: _____ State: _____

Phone Number: _____ Fax Number: _____
(fax numbers required)

Contact Name: _____

#2-Company: _____

Street Address: _____

City: _____ State: _____

Phone Number: _____ Fax Number: _____
(fax numbers required)

Contact Name: _____

#3-Company: _____

Street Address: _____

City: _____ State: _____

Phone Number: _____ Fax Number: _____
(fax numbers required)

Contact Name: _____

#4-Company: _____

Street Address: _____

City: _____ State: _____

Phone Number: _____ Fax Number: _____
(fax numbers required)

Contact Name: _____

TERMS: 1% 10 DAYS NET 30

AGREEMENT:

Applicant personally agrees to pay invoices within 30 days from invoice date according to the terms specified and understands that interest will be charged at the rate of 1.5% per month, which equates to 18.0% per year and agrees to pay such interest when billed. Interest will begin to

accrue on the 31st day after original invoice date. Payments will be applied first to accrued interest and fees and the remainder to reduction of the Principal Amount. In the event that any collection action is brought against the account, applicant agrees to pay all costs and reasonable attorney fees. **Any litigation brought by either party as a result of any controversy or claim between the parties arising out of or relating to this Account must be brought in McLennan County, Texas.** Applicant hereby gives authorization to Dakota Premium Hardwoods to check any or all credit history and hereby agrees to indemnify, hold harmless and defend Dakota Premium Hardwoods from any and all liability resulting from their credit inquiry. It also agreed to and acknowledged that any account receivable information may be reported to various consumer and commercial credit agencies.

Please note our terms of sale and limited warranty: any claim for grade, shortage, damage, or any other reason must be made within ten days of delivery and are subject to the reinspection of product in unaltered condition (i.e. no credits can be given for lumber that has already been cut up.) Dakota Premium Hardwoods makes no guarantee and will assume no responsibility and will issue no credits due to insect infestation of lumber under any circumstances whatsoever. In any case, responsibility on Dakota Premium Hardwoods shall be limited to replacement of lumber in question. No returns without specific authorization. To the extent it is not inconsistent with the terms of this document, or individually negotiated items, the original National Hardwood Lumber sales code shall govern. All accounts are payable to the order of Dakota Premium Hardwoods.

CHANGE OF OWNERSHIP and/or ADDRESS: I/We understand that we must notify Dakota Hardwoods of any change in ownership and/or address in writing by certified mail otherwise payment responsibility will remain that of the undersigned.

By: _____

Name: _____

Title: _____

Date: _____

Signature must be that of an authorized individual. If property is owned in joint names all signatures required.

PERSONAL GUARANTY:

I personally guarantee payment of this Account: _____
Name and Signature of Individual

The information contained in this document will remain completely confidential except as otherwise provided above.