



CREDIT APPLICATION & AGREEMENT

FAX TO: (201) 636-9633

or

EMAIL TO: travis.beesley@alliedbuilding.com

Branch _____ Sales Rep _____ Today's Date _____

Firm Name _____ Number of Employees _____

Firm Address _____ Years Under This Name _____

City _____ State _____ Zip +4 _____

Phone () _____ Fax () _____ Cell () _____

Previous Address _____

Do you require PO's? _____

Would you prefer to receive invoices and statements by: Mail Fax Email

Contractor's License # _____ Filed in _____ (State)

Email _____ Send Invoices To _____

Accounts Payable Manager _____

Type of Business: Solar

Are you? Please Check One: Individual Owner Partnership Corporation Limited Liability Company

Date Incorporated _____ State Incorporated In _____ Tax ID # _____

Corporation Attorney's Name and Address _____

Corporation Accountant's Name and Address _____

1. Full Name _____ Position _____ Date of Birth _____

Address _____ Own _____ Rent _____ How Long _____

City _____ County _____ State _____ Zip +4 _____

Phone () _____ Social Security # _____ Drivers License # _____

Spouse's Name _____ Social Security # _____ Employer _____

Previous Address _____

Mortgage Holder's Name _____ Mortgage Payment \$ _____

Property Located _____

Mortgage Company _____ Account # _____

Landlord Name & Address _____ Rent \$ _____

2. Full Name _____ Position _____ Date of Birth _____

Address _____ Own _____ Rent _____ How Long _____

City _____ County _____ State _____ Zip +4 _____

Phone () _____ Social Security # _____ Drivers License # _____

Spouse's Name _____ Social Security # _____ Employer _____

Previous Address _____

Mortgage Holder's Name _____ Mortgage Payment \$ _____

Property Located _____

Mortgage Company _____ Account # _____

Landlord Name & Address _____ Rent \$ _____

Bank Name (Checking) _____ Account # _____

Bank Routing & A.B.A. Number: (9 Digit) _____

This Information Will be Used to Assure Accurate Application of Your Payment.

Bank Address _____ Phone () _____

Branch _____ Contact _____

Bank Name (Savings) _____ Account # _____

Bank Address _____ Phone () _____

Branch _____ Contact _____

References

Other firms with which you now have open credit:

Name

Address

Phone

1. _____ () _____

2. _____ () _____

3. _____ () _____

4. _____ () _____

Please Attach Copy of Latest Financial Statement

Are there any judgments or any legal proceedings pending or threatened?

Explain:

Any checks issued within the past six months which were not paid due to insufficient funds for any reason?

Explain:

Credit Application to Allied Building Products Corp., Its Subsidiaries Or Affiliates

From _____, My/Our Firm

1. I/We authorize you to contact Consumer Credit reporting agencies, all bank, credit and trade references herein to verify our credit standing with them and authorize them to release said information to you.

2. I/We certify this account will be used for business purchases only.

3. Invoices past due thirty days are subject to a two percent Service Charge per month. Buyer agrees that should the late payment charge be deemed by a court of competent jurisdiction to violate any law, Buyer's sole remedy against Allied Building Products Corp. for such violation shall be the application of any late payment charge paid in excess of the maximum rate allowable by law toward the unpaid account balance.

4. If it becomes necessary to effect collection, I/we agree to pay all costs of collection including actual court costs, agency costs and attorney fees.

5. The credit limit may be increased or decreased at the discretion of Allied Building Products Corp., without written notice and without affecting any personal guarantees.

6. Buyer agrees to provide Allied Building Products Corp. with prompt written notice of any change in Buyer's name, address, ownership, or form of business entity.

7. By signing below I/We certify that I/We are authorized to bind the company to the terms and conditions of this agreement.

8. IN CONSIDERATION OF ALLIED BUILDING PRODUCTS CORP., ITS SUBSIDIARIES OR AFFILIATES EXTENDING CREDIT, I/WE JOINTLY AND SEVERALLY DO PERSONALLY GUARANTEE UNCONDITIONALLY, AT ALL TIMES, TO ALLIED BUILDING PRODUCTS CORP., ITS SUBSIDIARIES OR AFFILIATES, THE PAYMENT OF INDEBTEDNESS OR BALANCE OF INDEBTEDNESS OF THE WITHIN NAMED FIRM. THIS GUARANTY SHALL CONTINUE UNTIL TEN FULL BUSINESS DAYS AFTER GUARANTOR SENDS A WRITTEN REVOCATION OF THE GUARANTY TO ALLIED BUILDING PRODUCTS CORP., AT 15 EAST UNION AVE., E. RUTHERFORD, NJ 07073 ATTN: CUSTOMER FINANCIAL SERVICES.

Print Name _____ Signature _____ Witness _____
(No Title) (No Title)

Print Name _____ Signature _____ Witness _____
(No Title) (No Title)

Print Name _____ Signature _____ Witness _____
(No Title) (No Title)