

[OBJ]

DOYLESTOWN LUMBER & MILLWORK CO

700 N. Easton Road

Doylestown, PA 18902

Phone: 215-348-9408

Fax: 215-348-3069

www.doylestownlumber.com

**C R E D I T   A P P L I C A T I O N**

**Legal Name of Business/Applicant Name:** \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address  
Zip Code

City

State

\_\_\_\_\_  
Physical Street Address  
Zip Code

City

State

\_\_\_\_\_  
Phone

Fax

Cell

\_\_\_\_\_  
E-Mail Address

Date Business Established \_\_\_\_\_  
Business \_\_\_\_\_

Type of

Type of Organization:

Corporation  
Proprietorship

LLC

Partnership

Fed I.D.# \_\_\_\_\_  
# \_\_\_\_\_

State Sales Tax ID

Monthly Amount of Credit being requested:

\$ \_\_\_\_\_

**Principals, Partners, Owners:**

\_\_\_\_\_  
Name

Soc.Sec. #

Title

Address

\_\_\_\_\_  
Name

Soc.Sec. #

Title

Address

\_\_\_\_\_  
Name Soc.Sec. # Title Address

\_\_\_\_\_  
Name Soc.Sec. # Title Address

**Bank References:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # Fax #

\_\_\_\_\_  
Account Officer Account #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # Fax #

\_\_\_\_\_  
Account Officer Account #

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**Suppliers:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Account # Phone # Fax #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Account # Phone # Fax #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Account # Phone # Fax #

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Name

---

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Address

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Account #

Phone #

Fax #

I/We certify that the above information is true and correct, and I/We agree to pay this account in accordance with your credit terms. Should I/we fail to pay any sums as agreed, after written demand by Doylestown Lumber. I/We authorize any amicable action or actions for the recovery of all sums due including costs and expenses incurred by Doylestown Lumber in said suits or in said amicable action or actions. I/We authorize Doylestown Lumber to confess judgment against the customer for all or any part of their obligations hereunder and all such costs and expenses and for so doing this Guaranty or a copy thereof verified by affidavit shall be a good and sufficient warrant. I/We agree to pay for all charges incurred by those authorized to charge on the account and agree that any additions or deletions will be made in writing. If our account with Doylestown Lumber becomes delinquent, I/We agree to pay the finance charges in accordance with the companies' standard practice of: 1.5% per month, totaling 18% per year. I/We authorize you to verify the above information and/or obtain information by securing data from a credit-reporting agency.

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Authorized Signature

Title

Date

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Authorized Signature

Title

Date

(Note: If a sole proprietorship, owners must sign. If a partnership, all authorized partners must sign. If an LLC, the managing member or members must sign. If a corporation, an authorized corporate officer must sign.)

**PERSONAL GUARANTEE**

In consideration for the credit extended to the above-listed entity, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the entity through any of its authorized agents.

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Authorized Signature

Title

Date

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Authorized Signature

Title

Date