

COMMERCIAL CREDIT APPLICATION MILLARD LUMBER INC.

APPROVED BY _____ ACCOUNT CODE _____

P.O. BOX 45445 • 5005 SOUTH 135TH STREET
OMAHA, NEBRASKA 68145-0445
(402) 896-2832 • Fax (402) 896-2865

DATE _____ 20 _____

SALESPERSON _____

Name of Business _____ Phone # _____

Address _____ Fax # _____

City _____ State _____ Zip _____ Code _____ Mobile # _____

If Subsidiary _____ Annual Sales Volume \$ _____
Name of Parent Co. _____ Business _____ Yfs. _____ Mos. _____
Purchase Order Required? Yes No

Address _____ Person or Department _____
Billing Address _____ To Bill _____
(IF OTHER THAN ABOVE)

Type of Business _____ Fed ID# _____

OFFICERS OR PARTNERS OF COMPANY

NAME _____ ADDRESS _____ SOC. SEC. NO. _____ TITLE _____

NAME _____ ADDRESS _____ SOC. SEC. NO. _____ TITLE _____

NAME _____ ADDRESS _____ SOC. SEC. NO. _____ TITLE _____

BANKING INFORMATION

NAME _____ ADDRESS _____ BRANCH LOCATION _____ ACCT. NO. _____

NAME _____ ADDRESS _____ BRANCH LOCATION _____ ACCT. NO. _____

TRADE REFERENCES

NAME _____ ADDRESS _____ PHONE: _____

NAME _____ ADDRESS _____ PHONE: _____

NAME _____ ADDRESS _____ PHONE: _____

NAME _____ ADDRESS _____ PHONE: _____

- Savings
- Checking
- Loan
- Savings
- Checking
- Loan

TERMS OF SALE

The below information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Millard Lumber Inc. to investigate my credit record and references and furnish information regarding my performance of this agreement to proper credit reporting agencies and others who may properly receive that information.

In consideration of acceptance of credit by Millard Lumber Inc., I/we agree to make payment to Millard Lumber Inc. on the designated due date following date of purchase as indicated on the monthly customer statement. It is understood that a delinquent account will cause credit to be suspended and a FINANCE CHARGE of 1½% or an ANNUAL PERCENTAGE of 18%, or more or less, as permitted by law will be applied to the previous balance less payments made during the current billing period.

In consideration of any extension of credit by Millard Lumber Inc., either now or in the future, to the above named credit applicant, on the above terms, or any other terms agreed to by said credit applicant and Millard Lumber Inc., the undersigned, unconditionally, personally, jointly and severally guarantee the payment of any and all sums due or which may become due as a result of any such extension of credit. (If a partnership, all partners must sign below and place social security number on reverse side of form where indicated.)

(1) _____ (2) _____ (3) _____
NAME (TYPED OR PRINTED) NAME (TYPED OR PRINTED) NAME (TYPED OR PRINTED)

(1) _____ (2) _____ (3) _____
SIGNATURE SIGNATURE SIGNATURE

Please provide a description of your business, type of projects, a list of persons authorized to purchase on this account, and your latest financial statement. All information furnished is strictly confidential.
