

STRATTON LUMBER COMPANY

PO Box 337 - N. 3rd Street
Nicholasville, KY 40356
PH (859) 885-9425 - FAX (859) 885-9429

Name _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

BUSINESS INFORMATION

_____ Sole Proprietorship Partner _____ SSN# _____

_____ Partnership Partner _____ SSN# _____

Partner _____ SSN# _____

_____ Corporation President _____ SSN# _____

Vice President _____ SSN# _____

Secretary _____ SSN# _____

Treasurer _____ SSN# _____

TAX INFORMATION

Federal Tax No. (For Corp) _____

Sales Tax Exemption Certificate Yes No (If Yes, Enclose Signed Copy)

FINANCIAL INFORMATION

Type of Business _____ SIC: _____ Yrs _____

Est. Annual Sales _____ Credit Amt. Requested _____

BANKING INFORMATION

Bank _____ Branch _____ Phone _____

Address _____

City _____ State _____ Zip _____

Contact _____ Acct. No. _____ Type Acct: _____

Acct. No. _____ Type Acct: _____

Trade References

Name	Contact	Address	Phone#
1			
2			
3			
4			

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AGREEMENT

I certify that the above information is true and correct and that I have provided it for the purpose of obtaining credit. I hereby authorize and induce third parties to release any and all information necessary to verify the information and/or assist in efforts to collect amounts due hereunder. I agree to pay this account in accordance with Stratton Lumber Company's credit terms. I authorize you to verify all of the information provided and/or to obtain additional information by securing data from a credit reporting agency. I understand that all past due balance will be subject to 1 1/2% per month service charge. I further agree to pay a 25% collection charge, or reasonable attorney fees, whichever is greater, in the event of default, if the account is placed with an attorney, whether or not a suit is filed. In addition to said charge or fee, I agree to pay all expenses associated with collection.

My account shall be in default if it is not paid on the date it is due, and default provisions shall apply without notice. Invoices are due on the tenth (10th) day of the month following the date of invoice. COD Restriction may be applied to any past due accounts. Any waiver or partial waiver of rights contained herein shall not affect the future enforceability of any portion of the Agreement. My signature below indicates that I have read, understand and agree with all of the terms contained herein.

SIGNED _____

DATE _____

WITNESS _____

SIGNED _____

DATE _____

WITNESS _____

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney, the undersigned (jointly & individually) agree to pay a 25% collection charge, or reasonable attorney fees, whichever is greater, whether or not a suit is filed. In addition to said charge or fee, I agree to pay all expenses associated with collection. I waive any requirement that Stratton Lumber Company provide me notice of a default. This shall be a continuing guaranty and shall not be affected by modification to the Agreement, with or without my consent.

SIGNED _____

DATE _____

WITNESS _____

SIGNED _____

DATE _____

WITNESS _____