



LET'S GET
STARTED!

51300 Five Mile Rd. • Northville, MI 48168 • (248) 349-0220 • www.northvillem lumber.com

COMMERCIAL CREDIT APPLICATION

Instructions: The following information is submitted as a request to obtain an extension of credit. The applicant must complete this application in its entirety. In addition, the applicant must sign the Contract to Purchase Form.

INFORMATION ABOUT YOUR BUSINESS (please print)

YOUR COMPANY NAME (Full Legal Name)		CREDIT LIMIT REQUESTED \$	*		
TYPE OF BUSINESS (Check a Box) <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP		STATE INCORPORATED IN			
YOUR BILLING ADDRESS		NUMBER & STREET	CITY	STATE	ZIP CODE
BUSINESS PHONE NUMBER (Include Area Code)		HOW LONG IN BUSINESS?		TYPE OF BUSINESS	
BUSINESS IDENTIFICATION NUMBER(S) (If Applicable)		FEDERAL EMPLOYER I.D. NUMBER		BUILDERS LICENSE NUMBER	
HAS YOUR COMPANY PURCHASED FROM US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, HOW MUCH DID YOUR COMPANY SPEND IN THE LAST MONTH? \$		IF YES, WHO IS YOUR SALESPERSON?	

COMPANY'S PARTNERS OR OFFICERS

1. NAME	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		
HOME ADDRESS		NUMBER & STREET	CITY	STATE	ZIP CODE
2. NAME	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		
HOME ADDRESS		NUMBER & STREET	CITY	STATE	ZIP CODE
3. NAME	TITLE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		
HOME ADDRESS		NUMBER & STREET	CITY	STATE	ZIP CODE

EMAIL CONTACTS FOR INVOICE / STATEMENTS

NAME	EMAIL ADDRESS	NAME	EMAIL ADDRESS
NAME	EMAIL ADDRESS	NAME	EMAIL ADDRESS

BANKING REFERENCES

BUSINESS CHECKING ACCOUNT NUMBER	INSTITUTION AND BRANCH <i>(Include City and State)</i>		
BUSINESS SAVINGS ACCOUNT NUMBER	INSTITUTION AND BRANCH <i>(Include City and State)</i>		
ARE YOU OR YOUR COMPANY A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TO WHOM?	BALANCE OWING
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU OR YOUR COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TO WHOM?	BALANCE OWING
HAVE YOU OR A COMPANY IN WHICH YOU HAVE BEEN A PRINCIPAL FILED FOR BANKRUPTCY IN THE LAST TEN YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO

TRADE REFERENCES

INSTRUCTIONS: USE AN ADDITIONAL SHEET IF NECESSARY. **INCLUDE LUMBER SUPPLIERS.**

1. NAME OF SUPPLIER	CITY/STATE	PAYMENT TERMS	PHONE NUMBER
2. NAME OF SUPPLIER	CITY/STATE	PAYMENT TERMS	PHONE NUMBER
3. NAME OF SUPPLIER	CITY/STATE	PAYMENT TERMS	PHONE NUMBER
4. NAME OF SUPPLIER	CITY/STATE	PAYMENT TERMS	PHONE NUMBER

COMPANY'S METHOD OF AUTHORIZING PURCHASES

PURCHASE ORDER REQUIRED ON ALL PURCHASES? <input type="checkbox"/> YES <input type="checkbox"/> NO	OPEN PURCHASE ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
AUTHORIZED SIGNATURE FILE <input type="checkbox"/> YES <input type="checkbox"/> NO <i>INSTRUCTIONS: IF YES, COMPLETE NAMES OF AUTHORIZED PURCHASERS IN SECTION BELOW.</i>	
TELEPHONE VERIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO <i>INSTRUCTIONS: IF YES, PROVIDE NAME OF CONTACT</i>	TELEPHONE NUMBER
IF NONE OF THE ABOVE APPLY, LIST YOUR AUTHORIZING METHOD HERE	

NAMES OF AUTHORIZED PURCHASERS

INSTRUCTIONS: USE AN ADDITIONAL SHEET IF NECESSARY. (PLEASE PRINT)

NAME	NAME
NAME	NAME
NAME	NAME
NAME	NAME
NAME	NAME

CONTRACT TO PURCHASE



_____, "Buyer," agrees to purchase from Northville Lumber Co. and Novi Home Design Center, herein referred to as Seller, on open account. Buyer agrees to the following terms:

1. **TERMS OF PAYMENT:** Buyer agrees to pay in full all charges by the tenth (10) day of the month following the month of purchase. On all amounts more than fifteen (15) days past due, Seller shall be entitled to levy a service charge of 1.5% per month or the maximum service charge allowed to be assessed under the laws in the State of Michigan, whichever is lesser, on all past due amounts. Buyer acknowledges that the service charge represents a time-price differential which constitutes part of the purchase price.
2. Buyer represents that it is purchasing product from Seller on open account for business and or commercial purposes.
3. If Buyer is a partnership or corporation, by execution of this Contract, the undersigned representative of Buyer personally guarantees payment when due by Buyer to Seller. If a spouse or any other person, other than the Seller, signs this Contract they also personally guarantee payment when due by Buyer to Seller. Seller is not required to attempt to first collect from Buyer.
4. Buyer and any other guarantor agree to pay Seller all costs and expenses, including actual attorney fees, incurred by Seller in collecting amounts due under this Contract to Purchase.
5. **OTHER PROVISIONS:** A Notice of Commencement must be furnished to our office for any new project. By law, if we request this information and do not receive it within 10 days, you could be held responsible for our recovery costs. Subsequently, a Notice of Furnishing will be filed within 20 days of our first shipment of materials. This notice serves to protect our lien rights if a bill is left unpaid. Waivers of lien will be furnished upon full payment.

DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT. To the best of my knowledge, everything that I (We) have stated in this application is correct. I (We) understand that you will retain this application whether or not it is approved. I (We) further authorize you to check my credit and employment history and answer questions about your credit experience with me. BY SIGNING THIS APPLICATION, I (We) AGREE TO ABIDE BY THE TERMS OF THE CONTRACT TO PURCHASE AND ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

Buyer: NAME OF COMPANY: _____
PRINT YOUR NAME: _____
YOUR SIGNATURE: _____
TITLE: _____ DATE: _____

SIGN HERE

Spouse or any other
Guarantor for
Buyer:

PRINT YOUR NAME: _____
YOUR SIGNATURE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
SS#: _____
DL# _____ DATE: _____

SIGN HERE

I hereby authorize release to Northville Lumber Company, any requested credit information on myself or my business. This information is for the confidential use of Northville Lumber Company, in determining my/our credit worthiness, A photographic or Fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed form is maintained by Northville Lumber Company.

SIGN HERE

Officer/Owner

Date