

L. SWEET LUMBER CO. INC.  
709 HARRIS AVENUE  
P O BOX 3300  
PROVIDENCE, RHODE ISLAND 02909

TEL # 401-521-3800

FAX # 401-521-3801

DATE \_\_\_\_\_

CUSTOMER CREDIT APPLICATION

Please Type or Print

RI Contractor Registration # \_\_\_\_\_

\* Corp \_\_\_\_\_ \* Trust \_\_\_\_\_ \* Part \_\_\_\_\_ \* Proprietorship \_\_\_\_\_

ACCT. NAME \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Address (Street) \_\_\_\_\_ Employer \_\_\_\_\_

Address (PO Box) \_\_\_\_\_ Position \_\_\_\_\_ # Yrs \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel # (Bus) \_\_\_\_\_ Tel # (Home) \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Real Estate Owned \_\_\_\_\_

PRINCIPALS: Name \_\_\_\_\_ Home Address \_\_\_\_\_

Name \_\_\_\_\_ Home Address \_\_\_\_\_

BANK REFERENCES: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Branch Tel # \_\_\_\_\_ Branch Tel # \_\_\_\_\_

SUPPLIER/COMMERCIAL REFERENCES ( 2 Should be local and Active )

Name Address City Tel #

1. \_\_\_\_\_

2. \_\_\_\_\_

\*\* Customer agrees that it shall be responsible for an attorney's fee of 1/3 of the total balance due should account be turned over to an attorney for collection. All overdue accounts will be charged 1 1/2 % per month at an annual percentage rate of 18%. Materials returned for credit subject to 10% service charge.

Amount of Credit Requested: \$ \_\_\_\_\_ \*\*

\*\*\*\*\* Signature of application ( if not corp. )

IF CORPORATION, SIGNATURE REQUIRED....

In consideration of the extension of credit to the aforesaid corporation, I individually and personally guarantee payment of all sums to become due and owing by said corporation to L. Sweet Lumber Co., Inc., this guarantee is to be a continuing guarantee until full payment of all obligations have been made. It is not limited in any manner and I expressly waive any right to require suit or notice against aforesaid corporation or any party before enforcing the law.

\*\*

\*\*\*\*\* Signature \*\*\*\*\*

BELOW THIS LINE OFFICE USE ONLY

8. Contact: \_\_\_\_\_

11. A/R Type ( B, O, R ) ( Circle One )

15. Sig Required ( Y or N ) ( List Below )

22. Class ( Retail Cont\* Ind-Comm\*Mun )

28. Credit Limit ( \$ )

1. ACCOUNT # ( )

9. Tax No. \_\_\_\_\_

14. PO Required: ( Y O R N ) ( Circle one )

21. PLV ( LS1 or LS2 ) ( Circle one )

26. Tax Code ( RI 7% MA 6.25% Exempt )

30. Open Date: ( mm- dd- yy- )

APPROVED BY: \_\_\_\_\_